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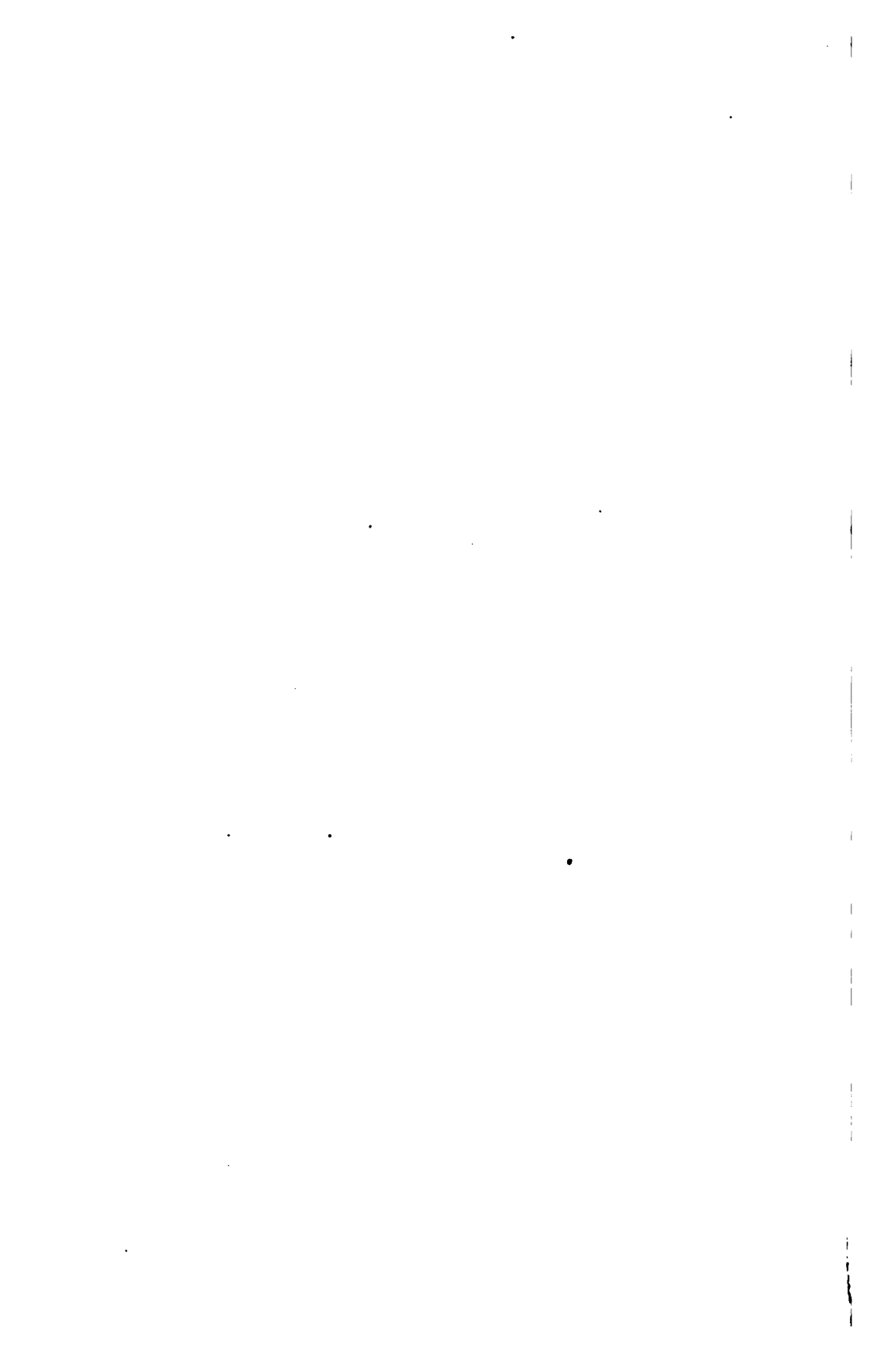
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*Very sincerely,  
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PRESIDENT OF THE INTERNATIONAL HOMOEOPATHIC CONGRESS.

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TRANSACTIONS  
OF THE  
FOURTH QUINQUENNIAL SESSION  
OF THE  
INTERNATIONAL HOMŒOPATHIC CONGRESS  
AND OF THE  
FORTY-FOURTH SESSION  
(*FORTY-EIGHTH ANNIVERSARY*),  
OF THE  
AMERICAN INSTITUTE OF HOMŒOPATHY



*Instituted April 10th, 1844.*

HELD AT ATLANTIC CITY, N. J., JUNE 16 TO 22, 1891.

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EDITED BY  
PEMBERTON DUDLEY, M.D., GENERAL SECRETARY OF THE INSTITUTE.

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PHILADELPHIA:  
SHERMAN & Co., PRINTERS, SEVENTH AND CHERRY STREETS.

1891.

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### AUTHORIZED DEFINITION.

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At the Annual Session of 1881, the American Institute of Homœopathy ordered as follows:

1. That the President's definition of the words "Regular" and "Irregular," as applied to schools and practitioners of medicine, be adopted by this Institute as correct.

2. That hereafter this definition be conspicuously printed in all published documents and *Transactions* of this Institute, in order that the profession, of all schools, may the sooner be familiarized with, and led to adopt it.

---

**"A REGULAR PHYSICIAN.**—*A graduate of a regularly chartered medical college. The term also applies to a person practicing the healing art in accordance with the laws of the country in which he resides.*"

See *Transactions* of 1881, pp. 23, 68 and 71.

## PREFATORY NOTE.

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IN the publication of this volume of TRANSACTIONS, an effort has been made to maintain a general conformity with the style and appearance of the Institute TRANSACTIONS of recent years; yet, it has been thought wise to keep in mind the fact that the work is mainly a record of the transactions of the International Homœopathic Congress. This view of the work will be apparent, on the one hand in the general appearance of the volume, its typography, etc., and on the other in the arrangement of its contents. The opening pages present the Minutes and Reports of the Institute's routine business, and there is the usual Appendix at the close of the volume. But the main body of the work consists of the records of the proceedings of the Congress, consecutively arranged in the following order:

1. Minutes of the Congress, pp. 193-226.
2. Addresses, with discussions thereon, pp. 227-329.
3. Essays, with discussions, pp. 330-932.
4. Reports on the History of Homœopathy, pp. 933-1049.

This arrangement accords quite closely with that of the TRANSACTIONS of previous Congresses, especially of the Second and Third, held in London and Basle. The discussions—on more than thirty distinct topics—will be found immediately following the Addresses, Essays, or Reports to which they pertain.

Attention is called to the following

### ERRATA.

Page 49; line 10, "Committee on Pharmacy" should read "Committee on Pharmacopœia."

Page 208, lines 13 and 18: The dates "1886" and "1876" should read "1884" and "1874," respectively.

Page 412: Under the title "Alcoholism, and its Homœopathic Treatment," should appear the name of the author—Dr. Gallivardin, of Lyons, France.

THE EDITOR.

PHILADELPHIA, February 1, 1892.





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# BUREAUS AND COMMITTEES.

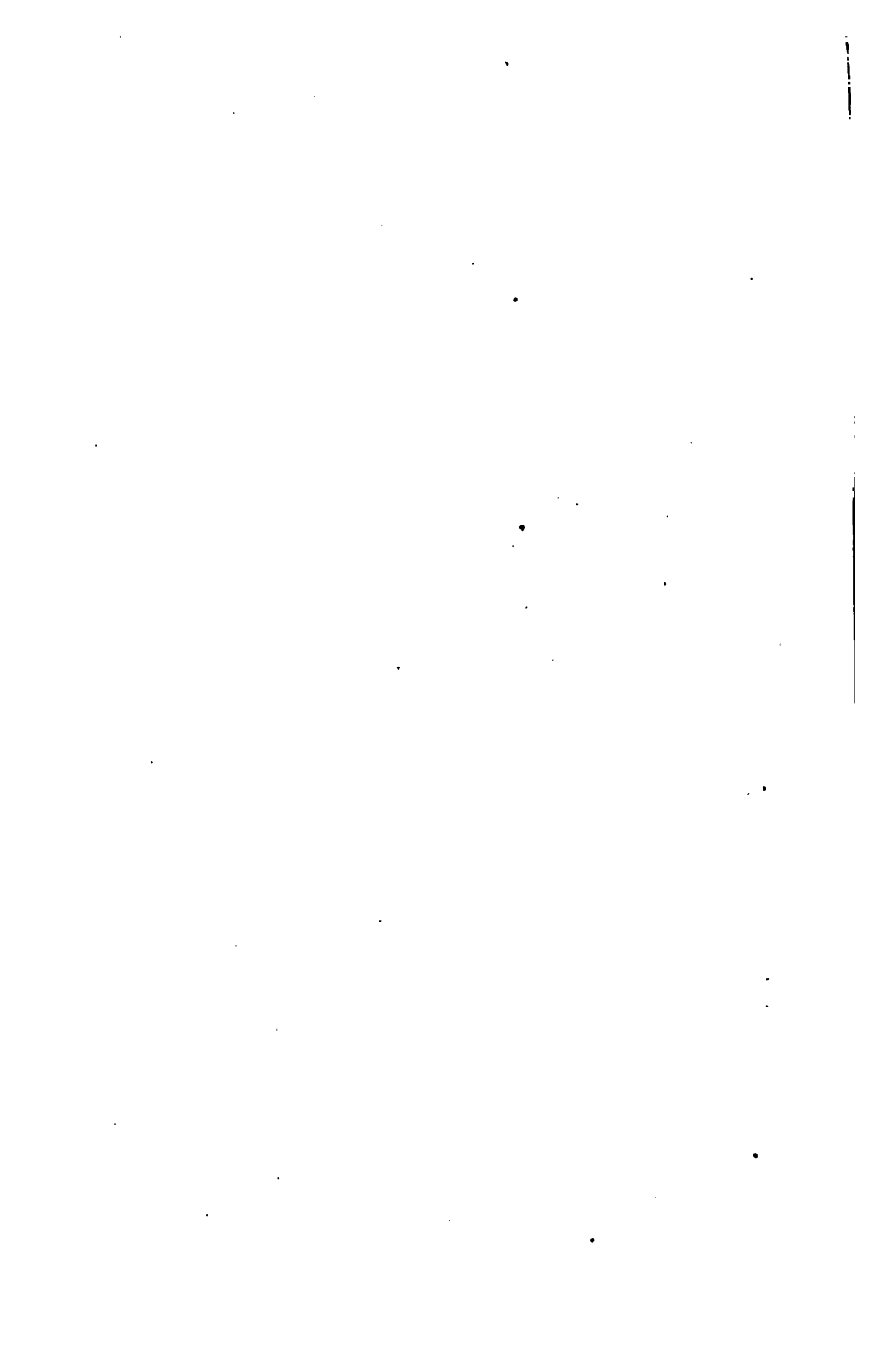
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PROCEEDINGS  
OF THE  
FORTY-FOURTH SESSION  
(FORTY-EIGHTH ANNIVERSARY)  
OF THE  
*American Institute of Homœopathy,*  
HELD AT  
ATLANTIC CITY, NEW JERSEY,  
JUNE 16 TO 22, 1891.



## MINUTES.

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TUESDAY, June 16, 1891.

THE American Institute of Homœopathy assembled in its forty-fourth Annual Session (Forty-eighth Anniversary), on Tuesday morning, June 16, 1891, at Atlantic City, New Jersey. The headquarters of the Institute session were established at the United States Hotel, and the sessions were held in the "pavilion" or ball-room of the hotel. In connection with the Institute session, and in the same room, the Fourth Quinquennial International Homœopathic Congress held its sessions during the same days, and the room was beautifully decorated in preparation for the latter event. Seated upon the stage were Theo. Y. Kinne, M.D., of Paterson, N. J., President of the Institute, with Rev. Wm. Aikman, D.D., Pastor of the First Presbyterian Church of Atlantic City, Vice-President J. H. McClelland, M.D., of Pittsburgh, Pa., and Ex-Presidents J. P. Dake, M.D., Wm. Tod Helmuth, M.D., D. H. Beckwith, M.D., Wm. H. Holcombe, M.D., John C. Burgher, M. D., Bushrod W. James, M.D., John C. Sanders, M.D., T. F. Allen, M.D., F. H. Orme, M.D., A. C. Cowperthwaite, M.D., and Selden H. Talcott, M.D.

President Kinne called the Institute to order at 10 o'clock, and prayer was offered by Rev. Wm. Aikman, D.D., Pastor of the First Presbyterian Church of Atlantic City.

The Committee on Programme and Business reported, through its chairman, A. R. Wright, M.D., of Buffalo, N. Y., an Order of Business, which was adopted.

The report of the Treasurer, E. M. Kellogg, M D., of New York city, was presented by Thomas Franklin Smith, M.D., of New York city, Assistant Treasurer. The report was referred to an Auditing Committee, consisting of Drs. C. D. Crank, of Cincinnati, O., A. L. Monroe, of Louisville, Ky., and W. F. Edmundson, of Pittsburgh, Pa. (See "Report of the Treasurer.")

The following reports were then read by the General Secretary, and were on motion accepted and referred for publication :

#### REPORT OF THE EXECUTIVE COMMITTEE.

PHILADELPHIA, June 15, 1891.

##### *To the American Institute of Homœopathy :*

The Executive Committee respectfully reports that besides attending to its routine duties, as required by the By-laws, it has, in accordance with special instructions adopted at the session of last year, considered the subject of the exact day in the month of June of this year at which the Annual Session of the Institute and the International Homœopathic Convention should be opened. The result of this consideration has been duly announced.

During the year it was discovered that the lithographic plate used in printing the blank certificates of membership had been destroyed during a conflagration at Seventh and Cherry streets, Philadelphia, about four years ago. A new plate was therefore ordered, which was made to conform to the general appearance of the old one, but was made somewhat larger, and the lettering less crowded. Its general appearance is an improvement on its predecessor.

In accordance with the action taken last year, the Executive Committee has been acting jointly with the Committee on the International Homœopathic Congress in its work of preparing for this year's convention. The action taken in this connection will, of course, be reported by the proper committee.

On behalf of the Executive Committee,

PEMBERTON DUDLEY, M.D.,  
*General Secretary.*

#### REPORT OF THE COMMITTEE OF PUBLICATION.

PHILADELPHIA, PA., June 15, 1891.

##### *To the American Institute of Homœopathy :*

Your Committee of Publication would respectfully report that the *Transactions* of the session of 1890 were issued in conformity with the style of previous volumes. The work contains 857 pages octavo, and an edition of 1100 copies was printed.

During the year ending June, 1891, the *Transactions* have been distributed as follows :

<i>Transactions</i> of 1877,	.	.	.	.	.	2 copies.
" 1878,	.	.	.	.	.	2 copies.
" 1879,	.	.	.	.	.	3 copies.
" 1880,	.	.	.	.	.	3 copies.
" 1881,	.	.	.	.	.	3 copies.
" 1882,	.	.	.	.	.	3 copies.

<i>Transactions</i> of 1883,	. . . . .	1 copy.
“ 1884,	. . . . .	1 copy.
“ 1885,	. . . . .	1 copy.
“ 1886,	. . . . .	3 copies.
“ 1887,	. . . . .	8 copies.
“ 1888,	. . . . .	31 copies.
“ 1889,	. . . . .	61 copies.

*Transactions* of 1890,

To senior members,	. . . . .	94 copies.
To other members, not in arrears,	. . . . .	738 copies.
To honorary and correspond- ing members,	. . . . .	20 copies.
To journals,	. . . . .	30 copies.
To colleges,	. . . . .	13 copies.
To libraries,	. . . . .	31 copies.
Duplicate,	. . . . .	1 copy.

Total copies of the volume of 1890, . . . 927

Total copies of *Transactions* distributed, . . . 1049

Respectfully submitted on behalf of the Committee,

PEMBERTON DUDLEY, M.D.,  
*General Secretary.*

The President appointed Chester G. Higbee, M.D., of St. Paul, Minn., and S. R. Beckwith, M.D., of East Orange, N. J., as members of the Board of Censors, in place of Drs. C. T. Canfield and C. B. Kinyon, who were absent.

THE REPORT OF THE COMMITTEE ON THE INTERNATIONAL  
HOMŒOPATHIC CONGRESS

was presented, accepted and referred to the Committee of Publication. It is as follows :

“ The American Institute of Homœopathy at its session in 1890 enlarged the Committee on International Homœopathic Congress by adding thereto the officers elected for the ensuing year. The committee organized by choosing T. Y. Kinne, Chairman ; P. Dudley, Secretary and E. M. Kellogg, Treasurer. A sub-committee, consisting of the chairman and secretary, was appointed to compile a

directory of homœopathic physicians and prepare a plan of work for the Congress. This being done, a preliminary circular was issued and sent to all whose name and address were known. Of nearly ten thousand sent but two hundred were "unclaimed." In October one of the committee visited Europe and secured promises of co-operation from many prominent physicians. Letters were sent to the leading specialists in this country, asking advice as to the particular subjects of greatest interest and valuable suggestions were given. In December the committee met in New York where a definite plan of work and arrangement was decided upon. Persons were selected to prepare papers evolving general principles of homœopathic science and art; about which could be grouped particular results. Again the committee met and resolved to discuss all medical and surgical practice as modified and improved by homœopathic therapeutics. Another circular was issued, giving information to the profession of our progress and assurances of ultimate success and benefit. A final meeting was held in April when the programme of business was arranged, a copy of which you all received. Thus, briefly, you have the results of your committee's labors. With great pleasure we can say that none have refused the part to them assigned, while on the other hand we have been encouraged and aided by your hearty good will and cordial assistance."

On behalf of the committee.

THEO. Y. KINNE,  
*Chairman.*

PEMBERTON DUDLEY,  
*Secretary.*

The report of Committee of Local Arrangements was deferred.

The report on railroad fares, in the absence of H. C. Allen, M.D., chairman, was presented verbally by B. W. James, M.D., and was accepted.

#### THE REPORT OF THE COMMITTEE ON FOREIGN CORRESPONDENCE

was presented by Eugene F. Storke, MD., of Denver, Col., the chairman of the committee. Following is the report.

*To the President and Members of the American Institute of Homœopathy :*

LADIES AND GENTLEMEN.—I have had the interests of this committee, as well as those of the Institute, deeply at heart during the past twelve months. Much work has been done, but the gleanings

are few. Our efforts and various results have been, to me, eminently successful in the way of suggestion. I therefore take pleasure in reporting as follows.

That we as a committee desire to thank such members of the profession as have pleasantly responded to their appeal for epistolary aid. To those who allowed repeated letters to remain unanswered, we also take this occasion to render a becoming expression of gratitude, not so much for what they failed to do, but for that which we hope they will do during the coming year.

The present session of this important body is a mile-stone which marks the close of another eventful year. While it is true that no Hahnemann has appeared upon our horizon, and no Dunham, Hering, nor Farrington has returned to administer to our direst necessities, yet much progress has been achieved. I am a happy believer in inspiration. I find much pleasure in contemplating such great men as Drs. Hughes, Dudgeon, Drysdale, Jousset, Gerstel, Cigliano, Haupt, Hayward, Skinner, Pope, Claude, Bojanus, Dyce Brown, Valdes Garcia, Ludlam, H. M. Paine, J. P. Dake, Helmuth, and hundreds of others that are deserving of mention,—I say, I take the utmost pleasure in the belief that the mantle of inspiration has fallen from the noble army of our dead, and now permanently rests upon the great, active, and living representatives of our school. They are sterling workers who inspire us with the desire to be, to do, and to suffer. In other words, to be something in homœopathy; to do something for her; and, if need be, to suffer for her. With the influence of such men around him, the most commonplace man in our ranks is capable of formulating grand thoughts, executing noble actions, and achieving great results.

The usual spirit of allopathic and illiberal oppression, opposition, and persecution, has everywhere been repeatedly met. Like the oft recurring struggles between Christian and Apollyon, they have invariably strengthened the position of truth. Consequently our glorious system is gaining ground. It is augmenting in numerical force, it is advancing in the line of scientific progress; it is increasing in its literature; and it is growing in the hearts of its patrons.

From far-off China, where the historic wall has been a bar to the advance of enemies and civilization alike, comes the cheering intelligence that we have a few homœopathic physicians there. Drs. Swinney, Woodhull, and Atwood, are all active workers in that newest of all fields. We have there three followers of similia to a population numbering over 500,000,000. In this connection we are reminded that our system flourishes in direct proportion to the intellectual progress, culture, and refinement of a people. The Chinese are proverbially fond of medicine, and will take, with seeming relish, the most nauseous concoction of drugs that the extremest radical, hide-bound allopath can prepare. Among such people, light and



palatable doses are at a discount. Medical missionaries are well received by the natives provided they abound in Christian works and unpalatable medicine. Nastiness in the healing art is with them a special, or rather a cardinal virtue.

Our system fares very little better in Japan. The possibilities of an illimitable future may permit homœopathy to flourish eventually in this island government.

In England, the progress of our school is slow, sure and lasting. British conservatism cannot readily adopt a system which is tabooed by the old school. But the genial rays of the sun of homœopathic progress are imperceptibly melting away this frigid opposition. Mr. Stead, in his admirable "Review of Reviews," has taken the willing lance in his experienced hand, and in his fight against medical prejudice, bigotry and intolerance, has been of direct benefit to the entire homœopathic profession. He has shown the absolute nonsensicalness of the dominant school, who shut themselves up, like an oyster, in the shell of their conceit, and try to prevent others from doing that which they are unable to do themselves. The *Homœopathic World*, *The Monthly Homœopathic Review*, and the Homœopathic League tracts, are doing a grand and effective work in medico-evangelization. Dr. Dudgeon has, with his rare good judgment, selected for the League Tract Series, the very able campaign article written by W. B. Clarke, M.D., of Indianapolis, entitled "Homœopathy and Blood-letting."

In the English colonies and dependencies, for reasons already assigned, the same conditions exist as in the Mother Island.

Australia, however, is constantly on the alert, to bring the profession from darkness to light. And in direct proportion to this progress do we mark the signal advance of homœopathy, which is doing effective work on all sides.

India is in line of advancement, and from her distant shores we learn much of interest. A valued correspondent, in acknowledging the efforts of the homœopathic physicians of this great republic, says :

"America is a noble country, and I am truly sensible of the condescension and kindness which induced its noble sons to benefit the world both in science and civilization. It is simply madness to dwell upon its eulogies, since it acquired unanimous praise from all quarters of the civilized world.

"Like other sciences, homœopathy has received its full perfection from your country. For this, the world owes a debt of gratitude, which is unparalleled in the annals of mankind. This new science of the healing art is doing great service in all countries. The great masses of the people are becoming aware of its beneficent action. The published works of your country, regarding this great science, are really doing an immense benefit to my countrymen, especially to

the physicians. I am eager to attempt a Bengali translation of Hempel's *Materia Medica*."

From Canada comes the cheering news that the growth of homœopathy is enduring. Slow it must be, until that sister country throws off the yoke of conservatism, and becomes a shining star in the constellation of the United States of America.

There is but a single Island of Jamaica. There is also but one Doctor Wildes,—still they make a most remarkable combination. Since the days of Hahnemann there has, probably, been no more hotly waged war for the truths of homœopathy, than is at present being conducted personally and alone by Thomas Wildes, M.D., of Kingston, Jamaica. He has boldly attacked the bigotry of English medicine, as well as its ignorance, intolerance, and ruinous practices upon the people. Single-handed, and alone, hampered by sickness, and persecuted by bitter governmental foes, he is gaining the battle, inch by inch.

In Germany, the clouds of medical ignorance are becoming dissipated by homœopathy. It has now a most efficient pioneer elemental work, one that has been productive of the greatest amount of good in forcing upon the old school a growing confidence in the single remedy, small doses, palatable remedies, and specific medication. I allude to the allopathic ravages of the Dosimetric System. This book is hastening the first faint glimmer of rosy light which tints the eastern sky, to be succeeded by the noon-day sun of homœopathy, whose effulgent rays must eventually illuminate the entire medical world.

If Italy had done nothing more than to produce the patience, energy, and singleness of purpose of a count Mattei, she could even then be greatly congratulated. While I cannot to the fullest extent, endorse the schism of the illustrious count, yet I am fully persuaded that it has much of truth in it. It is a branch of that thrifty vine, homœopathy. It may not have a sufficient amount of vitality to thrive when severed from the parent stem, but wherever it develops well, there will our system greatly flourish. If one-half of the claims made in its behalf regarding the cure of cancer, be true, then indeed is the world to be congratulated on the possession of this offshoot. From recent advices I learn that Mr. Stead and Sir Morrel McKenzie, assisted by one or two other liberal-minded men, are already putting this claim to the practical test of actual experimentation upon the now incurable cases of cancer.

A valued correspondent now residing in Russia most naively says:

"The homœopathic physicians of Moscow and St. Petersburg are pulling by far the greatest number of silver door bells." The vastness of that country, and the progressive spirit which must soon overtake the inhabitants, must give the mild system of medicine an enduring and effective impetus.

From Dr. Garcia, of Montevideo, South America, we are assured of much progress. There are seven physicians now practicing homœopathy in that place. Throughout that country there are many signs of advancement. A few old-school physicians are becoming converts to the new faith, and accessions to the ranks are becoming yearly more and more apparent. In all countries where the Romish religion is the accepted faith of the people, liberal professions, communities, and creeds, seem to languish to a greater or less extent. So is it in the various South American States. But the tendency of the age is toward liberalism and that genial influence will hasten the extension of homœopathy.

It really seems to me like bringing sunshine to Colorado, or coals to Newcastle, to present any extended report upon homœopathy at this time and place. There are now here, I am informed, accredited members of our profession from every civilized country upon the broad surface of the earth. Men who are ready and willing to give us a most complete account of the rise and development of Similia Similibus Curantur in their immediate vicinity.

I desire to say right here, may many blessings rest upon the heads of the men who paved the way for such a glorious world-wide reunion as the one just commencing.

I will close by saying that when we assemble here to-morrow, as members of the noblest of all professions, may we be reminded of the vast expanse which separates our various homes; may our widely divergent dwelling-places symbolize a wide diversity of individual opinions; may we appreciate the unquenchable glory of homœopathy; may we realize that this glorious system is ours to perfect, extend, and cherish; and finally, we may become thoroughly conversant with the status of homœopathic affairs throughout the entire inhabitable globe.

EUGENE F. STORKE, M.D.,  
*Chairman of the Committee*

#### THE REPORT OF THE COMMITTEE ON THE CYCLOPÆDIA OF DRUG PATHOGENESY

was, at the request of the Chairman, deferred until the arrival of Dr. Richard Hughes, of England, one of the editors of the *Cyclopædia*. The report of the committee to formulate an expression on the completion of the *Cyclopædia* was similarly deferred.

#### THE REPORT OF THE COMMITTEE ON LIFE INSURANCE EXAMINERS

was read by A. C. Cowperthwaite, M.D., of Iowa City, Iowa, Chairman. It was accepted and referred to the Committee of Publication, as follows:

*To the Officers and Members of the American Institute of Homœopathy:*

Your Committee on Life Insurance Examiners beg leave to submit the following supplemental report:

Soon after the adjournment of this body in 1890 the chairman of this committee wrote a personal letter to the president of each of the life insurance companies that had failed to respond to the circular letter mentioned in the report of this committee for 1890, twenty-seven in number. The following is a copy of the letter sent:

"DEAR SIR: During the month of May last I mailed to the president of each of the life insurance companies of the United States a copy of the circular herewith enclosed. Most of them replied very promptly and courteously, but some did not. I so reported to the American Institute of Homœopathy at its meeting in June last. My report was accepted and the committee continued, with instructions to continue its efforts in securing a reply from those who had failed to do so. As you were one of that number, I again write you, respectfully soliciting your consideration of the subject mentioned in the circular and hoping for the courtesy of a prompt reply."

Up to the present I have received replies from 11, still leaving 16 companies who have paid no attention to my correspondence, entirely ignoring the subject. These companies from whom replies have been received are as follows: *Ætna Life Ins. Co.*, Hartford, Conn.; *Brooklyn Life Ins. Co.*, New York; *Connecticut Mutual Life Ins. Co.*, Hartford, Conn.; *Maryland Life Ins. Co.*, Baltimore; *Mutual Life Ins. Co. of Kentucky*, Louisville; *National Life Ins. Co.*, Montpelier, Vt.; *New York Life Ins. Co.*, New York; *Pacific Mutual Life Ins. Co. of California*, San Francisco; *Provident Life and Trust Co. of Philadelphia*, Philadelphia; *Prudential Ins. Co. of America*, Newark, N. J.; *Union Mutual Life Ins. Co.*, Portland, Me.

Each of the above companies claims to make no discrimination against homœopathic physicians, yet some make the claim by inference rather than by a plain statement. Of the latter number are, notably, the *Connecticut Mutual* and the *Union Mutual*. For instance, the last-named company writes: "The subject-matter of your letter has been thoroughly considered in the past, and will be in the future, by the company, and its business conducted in future as in past on strict business principles."

I am convinced that in some instances companies have reported that they make no discrimination, when in point of fact they do. Theoretically they do not, practically they do, and it is understood with those who select examiners that a homœopath is not to be appointed when it is possible to get an allopath. For instance, the *Ætna Life* sends me the accompanying letter, than which none could be more satisfactory:

J. C. WEBSTER, Vice-President.  
H. W. ST. JOHN, Actuary.

M. G. BULKELEY, President.

J. L. ENGLISH, Secretary.  
G. W. HUBBARD, Asst. Sec.

## ÆTNA LIFE INSURANCE COMPANY.

(Dictated to a Stenographer.)

HARTFORD, CONN., December 9, 1890.

*A. C. Cowperthwaite, M.D., Iowa City, Iowa.*

DEAR SIR: Your respected favor, under date of November 25th, came duly to hand; and in reply to the same, have to say that it was my impression that your communication of last May had been answered, until the receipt of your favor as above mentioned. I would further say that, so far as this Company is concerned, it has no intention of discriminating in the matter of practice in its appointment of medical examiners. Some years ago, when our instructions in regard to medical examiners were issued, examiners were required to be of the old school of medical practice, for the reason that they were the most numerous, convenient, and generally the best qualified; but these conditions, to some extent, at least, have undoubtedly changed; and while one school (the old school) is probably, at the present time, the most numerous and convenient, yet the opportunities for preparation and education in others have been greatly increased, as well as by accessions to their ranks from those who have pursued their education in long-established medical colleges. It is not the duty or the intention of the officers of this Company to uphold one or another theory in medicine. As managers of a great life insurance company we shall seek men who have received a liberal education in their profession, having sound discretion and judgment, so far as it is possible to do so. The particular system of medicine which they practice is of no consequence to us as one of the qualifications for a medical examiner. Our examiners are appointed after careful inquiry, and so long as they perform their duties faithfully will be retained. Oftentimes an examination is secured by an agent by other than a regularly appointed examiner; and, in all such cases, such examinations are usually set aside, and the regular examiner of the Company employed without regard to the school of practice. It is possible that, in some cases, physicians of other than the old school have been affected; but by far the greater number would be found in that school of practice. Examinations by homœopathic physicians have been received by us, and will be when our ordinary regulations are complied with and they possess the standing and qualifications which we require of physicians of other schools of practice. I would be exceedingly obliged if you will furnish me a list of the medical institutions of the homœopathic school of practice, whose certificates or diplomas you would consider a fair recommendation for the employment of their graduates.

Yours truly,

Notwithstanding the tone of this letter and the fact that to my knowledge homœopathic physicians have, in exceptional cases, been appointed by this company, yet I also know that agents are instructed not to appoint them. A travelling agent in Iowa positively assured me that he was instructed not to appoint homœopathic physicians, and that if he sent in an examination made by a homœopath it would not be accepted. I submit correspondence sent me by Dr. S. W. S. Dinsmore, of Sharpsburg, Pa., which shows the truth of this statement, the case being one where a homœopathic physician would have been appointed had there not been positive rules to the contrary. Another case is that of the Mass. Mutual, reported last year as making no discriminations. A letter written by a special agent who makes the appointments says: "We appoint

regular physicians when we can get them in preference to homœopaths, as they (regulars) are the best educated."

The Penn and the Union Central wrote that the proper officer to reply was absent, but that my letter should receive prompt attention on his return. I suppose that officer has never returned, as I have heard nothing more from these companies.

The following are the companies that have entirely failed to reply to the letters and circulars of the committee, and therefore it is presumed that they desire to be placed upon record as discriminating against homœopathic physicians: Covenant Mutual, St. Louis; German Mutual, St. Louis; Germania, New York; Metropolitan, New York; Mutual, Baltimore; Mutual, New York; Mutual Benefit, Newark; New England Mutual, Boston; N. W. Mutual, Milwaukee; Phoenix Mutual, Hartford; State Mutual, Worcester; United States, New York; Vermont, Burlington; Washington, New York.

Respectfully submitted,

A. C. COWPERTHWAIT, *Chairman of Committee.*

The following correspondence accompanies the above report:

(EXHIBIT A.)

SHARPSBURG, PA., June 14, 1890.

DR. COWPERTHWAIT:

MY DEAR DOCTOR: I wish to lay before you a matter that occurred here, that you may use it, as it is in the line of your committee work.

I have held policies with the Ætna Life Insurance Company for \$5000 for about eight years. They had an old-school doctor as examiner here; he died about one year ago. Their Pittsburgh manager was out here to get an increase of policy from a gentleman who suggested, as there was no examiner here, that I be appointed, inasmuch as I was one of the oldest physicians in the county and a patron of the company. He promised to call on me, but failed to do so, and in a few days my friend received the enclosed note from him, which he handed to me (see Exhibit B). I then wrote to the home office, asking them if they gave him authority to make such a distinction, and received the enclosed reply (Exhibit C). But I have since been told by one of their old ex-agents that the company expected them to appoint an allopath, when one was to be had, in preference to a homœopath.

I propose to cancel my insurance with them, as I think every other homœopathic doctor should.

Yours, etc.,  
S. W. S. DINSMORE.

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(EXHIBIT B.)

OFFICE OF W. E. JOHNSON, M.D.  
ETNA, PA., February 12, 1890.

MR. H. G. WOERNER:

DEAR FRIEND: I find that Dr. Dinsmore is homœopathic, and consequently I cannot have him appointed. Dr. Johnson will attend to you. I am disappointed about Dr. Dinsmore being of the school of medicine he is, but can't be helped.

Respectfully yours,  
I. WARREN CLOUSE.

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(EXHIBIT C.)

M. G. BULKELEY, President.  
J. L. ENGLISH, Secretary.

J. C. WEBSTER, Vice-President.  
H. W. ST. JOHN, Actuary.

ÆTNA LIFE INSURANCE COMPANY.

*(This letter was dictated to a shorthand  
writer by the undersigned.)*

HARTFORD, CONN., February 21, 1890.

S. W. S. DINSMORE, M.D., SHARPSBURG, PA.,  
(Through Mr. I. Warren Clouse, Manager.)

DEAR SIR: Replying to yours of 19th, we have given no definite instructions to our agent concerning the appointment of an examiner at Sharpsburg.

Yours truly,  
J. L. ENGLISH.

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The subject of the discrimination against homœopathic physicians by life insurance companies was discussed by several members, and

On motion, the Institute ordered that the Committee on Life Insurance Examiners be continued, with instructions to ascertain precisely which companies refuse to accept the service of homœopathic physicians as examiners.

The committee appointed last year to report relative to the expediency of publishing in the *Transactions* the lists of graduates of homœopathic colleges, reported progress and was continued with instructions to report next year.

#### THE REPORT OF THE COMMITTEE ON A PLACE FOR THE PRESERVATION OF THE INSTITUTE PROPERTY

was presented by its chairman, Dr. J. H. McClelland, as follows :

“Your committee reports that in the examination of the subject referred to it, so many obstacles were encountered that the committee concluded to recommend the indefinite postponement of the question, and that the committee be discharged.”

On motion the report was accepted and its recommendations adopted.

#### THE REPORT OF THE COMMITTEE ON PHARMACOPŒIA

was presented by the chairman of the committee, J. P. Dake, M.D., of Nashville, Tenn., and was accepted and referred to the Committee of Publication. It is as follows :

Your Committee on the National Homœopathic Pharmacopœia would report that, owing to the scattered condition of its members the work of its editors has been comparatively slow.

However, the matter is now nearly ready for the printer, and its publication may be expected before the lapse of many months.

It is due to those pharmacists who kindly responded with specimen triturations, to assist in devising rules for the triturating of drugs, to say that enough of such specimens, made by various methods, were not provided so as to warrant the tests proposed, and that the chairman has retained all those furnished in his own possession, subject to the order of those who sent them to him.

On this occasion our report is simply one of progress.

Respectfully submitted,

J. P. DAKE, M.D.,  
Chairman.



The report of the Auditing and Intercollegiate Committees were deferred till a later period in the session.

#### THE SELECTION OF THE NEXT PLACE OF MEETING

came next in order. An invitation was received from the Rhode Island State Society asking that the session of 1892 be held at Newport. The State Society of Colorado invited the Institute to Denver. Other members nominated Chautauqua, N. Y., Washington, D. C., Richfield Springs, N. Y., Cape May, N. J. and Old Point Comfort, Va. Two ballots were taken with the following result:

	1st ballot.	2d ballot.
Newport, R. I.,	44	34
Denver, Col.,	14	5
Old Point Comfort, Va.,	21	
Cape May, N. J.,	1	
Chautauqua, N. Y.,	15	4
Richfield Springs, N. Y.,	3	
Washington, D. C.,	2	50
Total,	100	93

President Kinne thereupon declared that Washington, D. C., having received a majority of the votes cast, was chosen as the place of meeting for the session of 1892.

#### THE REPORT OF THE COMMITTEE ON THE RECONSTRUCTION OF THE COMMITTEE ON MEDICAL LEGISLATION

was presented by Dr. J. H. McClelland, the chairman, as follows:

Your committee realizes the importance of the matter in hand, and that some diversity of opinion exists in the Institute as to the construction of the Legislative Committee.

There is excellent reason for the view that, as important medical legislation is on the tapis in most of the States at this time, the committee should be enlarged to embrace one representative from each State and territory in the Union, or that there should at least be an associate member in each State, who should act in conjunction with the central committee of the Institute.

Those who favor either plan for the enlargement of the committee will doubtless be afforded an opportunity to defend their views.

Your committee does not deem it within its province to discuss legislative measures in this report, the Institute having twice made deliverances upon the subject. It will, therefore, confine itself to a brief report upon the subject referred to it for consideration.

It will be borne in mind that the American Institute is not strictly a delegated body, and that there are several States and territories in which it has not even a representative. To appoint physicians who are not in its membership is clearly out of its province.

But in case members could be obtained in each of the States and territories, is it not a common experience that committees of such unwieldy dimensions are, as a rule, ineffective and incompetent?

Let us admit, however, that a large committee is necessary for the creation and supervision of legislation in the several States and territories; is it the function of a central committee representing a national body to form and direct legislation in the various State capitals of the country? Is it not assuming a prerogative which this Institute does not possess? Legislative committees exist in most of the States, and it is but natural to suppose that each State organization understands its own situation and requirements best. There is nothing to prevent the committee of the national body from communicating with district organizations or making suggestions to them, but the "plan of campaign" in the several States is almost certain to be best understood by those most immediately affected.

It would not be far afield to assume that a national body should concern itself chiefly with national affairs.

Your committee, therefore, while it sees no special objection to reasonable enlargement of the Legislation Committee if the Institute deems best, finds no special advantage to be gained by such enlargement, feeling assured that the present effective organization is abundantly able to fulfil all legitimate requirements.

J. H. McCLELLAND,

J. A. SAWYER,

T. C. DUNCAN.

*Committee*

Dr. John A. Gann, of Wooster, O., offered the following as a substitute for the recommendation of the committee:

WHEREAS, There are unmistakable evidences of a general movement on the part of the medical profession throughout the whole country for securing higher educational standards; and

WHEREAS, The fact that laws providing for the control of medical licensure have been already approved in twenty-one States, clearly indicates the fixed purpose of the medical profession in this

country to displace the *diploma* by substituting the license under State supervision ; and

WHEREAS, In the construction of the laws providing for the establishment of State Examining Boards, the allopathic school, by means of its *single* board system, is rapidly securing controlling power, to be used in accordance with repeated declarations of the leaders of that school for more effectively "antagonizing," "smothering," "obliterating," and "destroying" homœopathic interests and influences ; and

WHEREAS, On account of the fact that all the members of the homœopathic medical profession in every State are equally interested in the adoption of wise and prudent measures for protecting and promoting the general interests of the homœopathic school ; therefore

*Resolved*, That the construction and appointment of the Committee on Medical Legislation of this Institute shall hereafter be made in accordance with the following rules :

1st. The chairman thereof to be appointed by the President elect of the Institute.

2d. The chairman, with the approval of the President elect, to have the privilege of selecting and appointing his associates.

3d. The membership of the Institute committee to embrace representatives of the several States and territories, members of State and local committees on medical legislation, who are members of the Institute, to take precedence over others.

4th. That in order to secure prompt, concerted, and effective action, the work of the general committee may be intrusted to a sub-committee, to be appointed at a meeting held in connection with the meeting of the Institute, or as soon thereafter as may be practicable.

After a brief discussion, the further consideration of the subject was postponed, and made the special order for the beginning of the afternoon session, at 3 o'clock.

The Board of Censors, Dr. R. B. Rush, of Salem, O., chairman, reported the names of one hundred and eighteen applicants for membership. The applications were laid over, under the rule, to a later period of the session.

Dr. Dake offered a motion that when the morning session adjourned, it should be until 9.30 o'clock on Wednesday morning, in order that the afternoon might be devoted to committee meetings and other necessary business. Adopted. The session then adjourned.

WEDNESDAY MORNING, June 17, 1891.

The Institute re-assembled at half past nine o'clock, pursuant to adjournment; the President in the chair.

The Board of Censors reported, recommending the election to membership of all those who had been reported and laid over on the preceding day. They were accordingly elected. (See "Complete Report of the Board of Censors.")

The Board of Censors reported a large number of additional applications for membership which were laid over.

A committee, consisting of Drs. Bushrod W. James, E. M. Howard and T. Y. Kinne, was appointed to make provision for the Memorial Service in honor of deceased members.

The exact date for the holding of the session of 1892 was then taken up for consideration, and on motion was referred to the Executive Committee.

The report of the committee on the proposed reconstruction of the Committee on Legislation came up next in order, the question being upon the adoption of the substitute offered by Dr. Gann. On motion the report and substitute were referred to a special committee, consisting of Drs. Asa S. Couch, F. H. Orme, H. M. Paine, John A. Gann, J. Montfort Schley, I. T. Talbot, John L. Moffat, C. E. Fisher, A. R. Wright, M. O. Terry, J. P. Dake, J. H. McClelland, J. M. Lee, W. H. Holcombe, Chas. Gatchell, A. C. Cowperthwaite, and F. Park Lewis.

The reports of the Intercollegiate Committee and of the Committee on the *Cyclopædia of Drug Pathogenesis* were called for but on motion deferred.

The report of the Auditing Committee was presented and on motion accepted and referred to the Committee of Publication. (See "Report of the Treasurer.")

The Board of Censors reported a number of additional applications for membership, which were laid over under the rule.

Adjourned till half past nine o'clock, on Thursday morning.

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THURSDAY MORNING, June 18, 1891.

The Institute re-assembled at half past nine; the President in the chair.

The Board of Censors recommended the election to membership, of all those whose names had been read before the Institute at the previous session and their recommendation was adopted. The Board also presented additional applications for membership which were laid over under the rule.

THE REPORT OF THE COMMITTEE ON THE CYCLOPÆDIA OF  
DRUG PATHOGENESY

was then presented by Dr. Richard Hughes, of Brighton, England, the British editor of the work. Following is the report:

*To the American Institute of Homœopathy:*

Dr. Dake has reported to the Institute from year to year, since 1884, the progress of the work upon materia medica undertaken in that year under its auspices in conjunction with the British Homœopathic Society. As I have the pleasure of being among you this year, he has requested me to take his place and tell you of the present state of our labors. I am happy to say that with Part XV., which I have brought with me to this meeting, the primary alphabetical series of drugs reaches its termination. The Appendix, designed to furnish such supplementary matter as has come to light or knowledge since the several medicines were originally dealt with, is commenced in the present fascicle, and goes on as far as Duboisinum. Part XVI. will finish this and, with Preface, Indices, etc., will complete the whole work in the four volumes estimated some time since as likely to form its extent.

The preparation of the Repertorial Index will then be taken in hand. As to the form and manner of this, the judgment of our colleagues, gathered at the present Convention, is to be elicited. But in some shape or other such Index must be compiled, if the *Cyclopædia* is to be of immediate practical value to the physician in his work. I would ask the American Institute to aid us here as it has done hitherto, by joining the British Society in subscribing for a certain number of copies, so that the publication of the volume may be secured, and the only care of the editors be its preparation.

The report was on motion accepted and referred to the Committee of Publication.

A motion was offered, that the Institute subscribe for 400 copies of the Repertorial Index. After some discussion the motion was adopted.

THE REPORT OF THE COMMITTEE TO FORMULATE AN EXPRESSION ON THE COMPLETION OF THE CYCLOPÆDIA OF DRUG PATHOGENESY.

It having been announced that the *Cyclopædia of Drug Pathogenesis* is now completed, the American Institute of Homœopathy places on record the following minute, explanatory and in commemoration of, so notable an event.

The project of collecting, and arranging in narrative form, the various provings of our drugs was inaugurated by the British Homœopathic Society, and the American Institute of Homœopathy cordially joined hands in the enterprise.

The vast labor of collecting and sifting the material for this work has devolved upon our distinguished colleague, Dr. Richard Hughes, of Brighton, England, with the able co-operation of Dr. J. P. Dake, of Nashville, Tenn. These editors-in-chief have been further assisted by Drs. J. Drysdale, R. E. Dudgeon, and Alfred C. Pope, representing the British Homœopathic Society, and by Drs. Conrad Wesselhœft, H. R. Arndt, and A. C. Cowperthwaite, upon the part of the American Institute of Homœopathy.

The completion of this grand enterprise places in our hands a work on *materia medica* of unrivalled importance and furnishes the student with a means of obtaining a knowledge of drug effects heretofore wanting.

For this new treasury of knowledge, the American Institute of Homœopathy extends most cordial thanks to Dr. Richard Hughes and Dr. J. P. Dake with their associated colleagues, and especially as the completed work has been due to their wholly gratuitous and unrequited labor.

Your committee further calls attention to the fact that of the copies of the work subscribed for by the Institute there are still a number untaken by the members,—an announcement which we feel sure, will be followed by the speedy exhaustion of the edition in hand.

Respectfully submitted,

J. H. McCLELLAND,

WM. OWENS,

O. S. RUNNELS,

*Committee.*

The General Secretary presented a communication from Dr. Walter H. White, tendering his resignation as a member of the Institute. On motion the resignation was accepted.

THE REPORT OF THE COMMITTEE ON RAILROAD FARES was presented verbally by the Chairman, H. C. Allen, M.D., of Chicago, Ill. It was on motion accepted.

Adjourned until Friday morning.

FRIDAY MORNING, June 19, 1891.

The Institute re-assembled promptly at half past nine o'clock. The President in the chair.

The Board of Censors recommended the election to membership of all the applicants whose names had been presented on the preceding day. The recommendation was adopted. The Board also presented a number of additional names of applicants, which were laid over under the rule.

The reports of the Committee of Local Arrangements and the Inter-collegiate Committee were not yet ready for presentation and were deferred.

The Report of the Bureau of Organization, etc., was at the request of its chairman, laid over until Monday.

The Special Committee to whom was referred the report of the committee on the subject of reconstructing the standing Committee on Legislation, and the substitute for the latter committee's report, as offered by Dr. John A. Gann, then submitted the following :

REPORT ON THE RECONSTRUCTION OF THE COMMITTEE  
ON LEGISLATION.

Your special committee to whom was referred the report of the Committee upon Reconstruction of the Committee on Legislation and the substitute offered therefor, beg leave to report that it has given careful and thoughtful attention to the work assigned it, and after the fullest discussion and deliberation, recommend to the Institute the adoption of the report of the committee as offered by its chairman, Dr. McClelland, to the effect that it is not deemed expedient or desirable to enlarge or otherwise reconstruct the Committee on Legislation.

ASA S. COUCH,  
*Chairman.*

*Attest,* C. E. FISHER,  
*Secretary.*

On motion the report was adopted and referred to the Committee of Publication.

Dr. A. S. Couch, of Fredonia, N. Y., then offered the following, which was adopted :

*Resolved,* That the American Institute of Homœopathy, though of unmistakable record as to class legislation, and on the subject of higher medical education, deems it wise to renew its declaration of

hostility to the State board examining system, especially the *single* board system as affording an opportunity for unjust discrimination.

*Resolved*, That as consistent with this declaration, it instructs its Committee on Medical Legislation to co-operate with the proper authorities in the several States, in antagonizing this system, by assisting, when necessary, to secure *separate* boards.

*Resolved*, That one hundred dollars is hereby appropriated for the incidental expenses incurred thereby.

Dr. Bushrod W. James, chairman of the special committee to whom was referred the subject of the Memorial Service, offered an informal report recommending that the service be held on Sunday evening at eight o'clock. The recommendation was adopted.

Dr. F. H. Orme, of Atlanta, Ga., moved that Alexander von Villers, M.D., of Saxony, Dresden, be elected a corresponding member of the Institute. The motion was unanimously adopted.

On a motion offered by the General Secretary, the order of business was suspended and the Institute then received and referred to the Committee of Publication, the following :

#### REPORT OF THE COMMITTEE ON MEDICAL LITERATURE.

Your Committee on Medical Literature respectfully submits, as its report, a list of the books published in the interests of homœopathy during the past year, by title.

On behalf of the committee.

J. C. BURGHER,  
*Chairman.*

#### HOMŒOPATHIC BOOK PUBLICATIONS FROM JUNE 1, 1890, TO MAY, 1891.

BOENINGHAUSEN'S THERAPEUTIC POCKET-BOOK. New Edition. Edited by T. F. Allen, M.D. Published by the Hahnemann Publishing House, Philadelphia, Pa.

THE HOMŒOPATHIC TREATMENT OF ALCOHOLISM. By Dr. Gallavardin, of Lyons, France. Translated by I. D. Foulon, A.M., M.D., LL.B. Hahnemann Publishing House, Philadelphia, Pa. 1890. Cloth. 138 pages.

A DICTIONARY OF DOMESTIC MEDICINE. By Dr. John H. Clarke. Keene & Ashwell, London. Boericke & Tafel, New York, 1890. 291 pages. Cloth. \$1.25.

PHILOSOPHY IN HOMŒOPATHY. By Charles L. Mack, M.D. Gross & Delbridge, Chicago. 1890. 174 pages. Cloth. \$1.25.

A CYCLOPEDIA OF DRUG PATHOGENESY. Part XII. London and New York. \$1.50. 1890.



THE RUBRICAL AND REGIONAL TEXT-BOOK OF THE HOMŒOPATHIC M.M. By William D. Gentry, M.D. Hahnemann Publishing House, Philadelphia, Pa. 1890. Cloth, 239 pages. \$2.00.

A MANUAL OF AUSCULTATION AND PERCUSSION. By Austin Flint, M.D., LL.D. Fifth Edition. Lea Bros. & Co. 1890. 268 pages. Cloth. \$1.75.

A MYSTERY OF NEW ORLEANS SOLVED BY NEW METHODS. By William H. Holcombe, M.D. J. B. Lippincott Co., Philadelphia, Pa. 1890.

HISTORY OF THE HOMŒOPATHIC MEDICAL SOCIETY OF EASTERN OHIO. Paper. 50 pages.

A TEXT-BOOK OF MATERIA MEDICA, PHARMACOLOGY AND SPECIAL THERAPEUTICS. By I. J. M. Gross, A.M., M.D. Second edition. Chicago. W. T. Kuner. Cloth. 586 pages. \$5.00.

THE PRACTICE OF MEDICINE OR THE SPECIFIC ART OF HEALING. By I. J. M. Gross, A.M., M.D. Chicago. W. T. Kuner. Cloth. 569 pages. \$5.00.

FOODS FOR THE FAT. A treatise on corpulency and dietary for its cure. By N. E. Davis, M.D. London and New York.

PRACTICAL ELECTRICITY IN MEDICINE AND SURGERY. By G. W. Overall, M.D. 128 pages. 8vo. Memphis, 1890. \$1.00.

HOMŒOPATHIC THERAPEUTICS. By Samuel Lilienthal, M.D. Philadelphia, 1890. 1154 pages. Boericke & Tafel.

A HAND-BOOK OF THE DISEASES OF THE SKIN. By John R. Kippax, M.D., LL.B. G. & D. 1890. Cloth. Chicago.

THE HEALTH OF THE SKIN. By C. B. Shulldham, M.D. Trinity College, Dublin. American edition by William Boericke, M.D. Philadelphia, Pa. 1890.

ESSENTIALS OF DISEASES—EYE, NOSE AND THROAT. W. B. Saunders. Philadelphia. 1890. 276 pages. Cloth. \$1.00.

FEVERS AND THEIR TREATMENT ON HOMŒOPATHIC PRINCIPLES. By Radha Kanta Ghash. B. B. Mukhurgi & Co., 25 Cornwallis street, Calcutta, India. 1890. 194 pages. \$1.25.

THE STEPPING STONE TO HOMŒOPATHY AND HEALTH. By E. H. Ruddock, M.D. New American edition and enlarged with the addition of a chapter on Diseases of Women and the Tissue Remedies. By William Boericke, M.D. Philadelphia. 1890. 256 pages. \$1.00.

ON FISTULA AND ITS RADICAL CURE BY MEDICINE. By J. Compton Burnett, M.D. London. 1890. Cloth. 90 cents.

THE FAMILY HOMŒOPATHIST. By E. B. Shulldham, M.D. London.

THE NEW PHYSICIANS' PRICE CURRENT AND CATALOGUE, recently issued by Messrs. Boericke & Tafel, is undoubtedly the most handsome and complete work of the kind ever printed.

The General Secretary read the following communication from the Connecticut Eclectic Medical Society, which was received and re-

ferred to the Committee on Medical Legislation, with directions to report at a later period of the session :

*To the American Institute of Homœopathy :*

At the annual meeting of the Connecticut Eclectic Medical Society, May 12, 1891, the following resolutions were adopted :

WHEREAS, at the last meeting of the American Medical Association, a committee was appointed to petition our National Congress to create a new Cabinet Officer, who shall have charge of all matters relating to public health,

AND, WHEREAS, the proposition to create such an office is made by a certain class and party of medical practitioners for their own exclusive interests, and with the evident purpose to debar all others from the political and professional advantage thereby to be secured, and as such is opposed to the broad and democratic principle that ought to govern all legislation in a free Republic, therefore, be it

*Resolved*, That we, the Eclectic Medical Association, of the State of Connecticut, in annual assembly convened, do hereby most earnestly protest against the creating of such an office, for the good and sufficient reasons, that it is a measure not demanded by the people, nor required by any public necessity ; that it would be the establishing of a useless executive department with a swarm of subordinate officers, " to prey upon the people and eat out their substance ; " that it is proposed in the interest of an exclusive class of medical practitioners, whose prestige and usefulness are waning before a new era and reformed practice, in order that they may be able to assure their own position in the nation, to employ the strong arm of the federal government for their own selfish and partisan ends, to procure legislation making it crime to dissent from their code and mode of practice, to establish a medical corporation after the model of a national religion, such as the federal constitution inhibits, to create a privileged class in the government, and to secure offices of emolument for favored members of that class, incompetent to practice the healing art successfully, or to compete with the more liberal members of the medical profession.

*Resolved*, That a copy of this, our protest, be transmitted to our members in Congress, and to the president and secretaries of all State and National Associations of practitioners of the healing art, whose rights are involved in this question, with the earnest solicitation of their early approval and co-operation.

S. B. MUNN, M.D.,

E. M. RIPLEY, M.D.,

*Committee.*

The following communication from the International Homœopathic Congress was read by the Secretary :

Atlantic City, N. J., June 18, 1891.

*To the American Institute of Homœopathy:*

The International Homœopathic Congress at its session of to-day had before it for consideration the subject of the pharmacy of our tinctures and dilutions, the lack of uniformity in the grading of the strength of tinctures, and particularly the absence of uniform proportion between the tincture and its lowest dilution.

After considerable discussion, the Congress voted that the subject be referred to the American Institute of Homœopathy.

Respectfully,

PEMBERTON DUDLEY,

*Recording Secretary, Int. Hom. Congress.*

A discussion ensued on the subject of the communication, during which Dr. Lewis Sherman, of Milwaukee, Wisconsin, explained the action of the Committee on Pharmacopœia in reference to the grading of tinctures and dilutions. Pending the consideration of the subject, the hour of adjournment arrived and the subject went over till Saturday morning. The Institute then adjourned.

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SATURDAY MORNING, June 20, 1891.

The Institute re-convened at the usual hour, President Kinne occupying the chair.

The Board of Censors presented their report, recommending the election to membership of all the applicants proposed at the previous session, and they were duly elected. A number of additional applications were presented. (See "Complete Report of the Board of Censors.")

The President announced that he had appointed to fill the vacancies caused by the death of Dr. Charles M. Dinsmoor, of Omaha, Nebraska, Dr. Chester G. Higbee, of St. Paul, Minnesota, member of the Committee on Medical Legislation, and Dr. Charles E. Fisher, of San Antonio, Texas, Chairman of the Committee on Medical Education.

The President also announced the following appointments for the ensuing year:

Committee on Medical Literature.—J. D. Buck, M.D., *Chairman*,

Cincinnati, O., with Drs. Geo. M. Dillow, Alexander von Villers, J. C. Burgher and Frank Kraft.

Committee on Foreign Correspondence.—T. M. Strong, M.D., *Chairman*, Macon, Ga., with Drs. B. S. Arnulphy, E. F. Storke and W. Y. Cowl.

The Institute then resumed the consideration of the subject of the pharmacy of tinctures and dilutions, referred to it by the International Homœopathic Congress. The following, offered by Dr. J. H. McClelland, was adopted :

*Resolved*, That the Committee on Pharmacy of the American Institute of Homœopathy be requested to reconsider their action by which the soluble elements of the plant are made the basis of attenuation.

Dr. McClelland was instructed to report to the International Congress the above action of the Institute. Adjourned.

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SUNDAY EVENING, June 21, 1891.

In accordance with the recommendation of the Special Committee, the Memorial Service in honor of deceased members was held this evening. President Kinne occupied the chair, while seated with him on the platform were Drs. I. T. Talbot and Richard Hughes, the President and Permanent Secretary of the International Homœopathic Congress, and Rev. Thomas Bailey, D.D., of Atlantic City. The large hall was filled to its utmost capacity with the physicians in attendance on the Institute and Congress and with their friends, beside many of the residents of Atlantic City and guests of the neighboring hotels. A suitable programme had been carefully prepared by the committee, and the service throughout was characterized by the deepest solemnity.

At eight o'clock a quartette, consisting of Messrs. Joseph Cousins and Edgar C. Kern, Miss Lizzie Armstrong and Mrs. Dr. C. S. Hoag, with Mrs. Dr. E. M. Howard as piano accompanist, led the vast audience in the hymn beginning "Sun of my soul."

The President introduced Rev. Dr. Bailey, who offered prayer and

read from the Scriptures the first chapter of Ecclesiastes, following it with a brief address. Mr. Cousins then sang Coenen's "Come unto Me."

In the absence of the Necrologist, Henry D. Paine, M.D., of Nutley, N. J., Dr. Thomas Franklin Smith, of New York City, read the following brief report of those who had departed this life during the past year:

The following members of the association have been reported as having departed this life since the last meeting, including two or three who had died so recently before that no particulars could be ascertained for last year's report.

It is proper first to record the demise of *Adolphus Gerstel, M.D.*, of Vienna, Austria, who attended the World's Convention in Philadelphia, in 1876, and was then elected to honorary membership.

*David S. Smith, M.D.*, of Chicago, a name familiar to the Institute from its earliest years, and whose memory will be long cherished. He died of angina pectoris, April 29, 1891, aged seventy-five. He joined the Institute in 1846.

*George E. Belcher, M.D.*, of New York, also a member from 1846, and for many years an active and regular attendant. His death occurred Nov. 1, 1890, aged seventy-two.

*Thomas W. Donovan, M.D.*, of New Brighton, N. Y., a senior of the Institute from 1848, and in active practice on Staten Island since 1845 until the very day of his death on September 1, 1890, being then nearly eighty-one years old.

*George W. Barnes, M.D.*, of San Francisco, Cal., where he died February 13, 1890, aged sixty-five years. Although suffering the disadvantages of ill health, his enthusiasm and labor in the cause of homœopathy have been remarkable.

*Herman H. Hofmann, M.D.*, of Pittsburgh, Pa., a physician of wide reputation and much esteem, died April 4, 1890, in his seventieth year. He was a senior since 1854.

*Liverus B. Hawly, M.D.*, of Phoenixville, Pa., who was a faithful and successful interpreter of the homœopathic system, and a senior from 1858, died just before the last meeting.

*John M. Parks, M.D.*, of Franklin, Ohio, died May 1, 1890, in the eighty-first year of his age. He practiced according to the old-school method till 1848. Was a senior of 1853.

*Bernard Berens, M.D.*, of Philadelphia, Pa. Dr. Berens was born at Eslohe, Westphalia, Germany; his father being an official under the Prussian government. His entire professional career was spent in Philadelphia. His membership in the Institute dates from 1846. His death occurred in 1887, but was unknown to the officials of the

Institute until quite recently. For many years he had been incapacitated for professional work by the infirmities of age and severe illness.

*William P. Cross, M.D.*, of South Boston, Mass. He died September 11, 1890, aged seventy-four, having years before retired from active practice.

*Thomas Nichol, M.D.*, of Montreal, Canada, one of our few representatives in the Dominion, where for nearly thirty years he has maintained his position. A native of Scotland. He died June 14, 1890.

*George S. Norton, M.D.*, of N. Y., distinguished by his reputation as an ophthalmologist, and frequent contributor to the literature of that department. His death from pneumonia, January 1, of the present year, was sudden and unexpected.

*Edwin H. Hurd, M.D.*, of Rochester, N. Y., a physician of extended reputation in western New York, and at his death the oldest of our school in Rochester, died May 15th, 1891.

*Alfred I. Sawyer, M.D.*, of Monroe, Mich. Elected president of the Institute two years since, but on account of serious illness was unable to fill the position to which he had been elected with great unanimity. He partially recovered from the early dangers, but on the seventh day of May he died, with but a momentary warning, at the age of sixty-four years.

*Peter A. Gordon, M.D.*, of Flemingsburgh, Ky., a graduate of 1868, since 1871 practicing in Flemingsburgh till his death, February 2, 1891.

*William S. Gee, M.D.*, of Hyde Park, Ill., a graduate of 1881; died November, 1890.

*Frank W. Van Alstyne, M.D.*, of West Troy, N. Y., graduated in 1886; his death, from typhoid fever, occurred December 23, 1890.

No information has been received concerning Dr. Charles M. Dinsmoor, of Omaha, Neb., Dr. H. A. Brown, of Reading, Mass., or Dr. Horatio Robinson, Jr., of Auburn, N. Y.

*William Owens, Jr., M.D.*, of Cincinnati, late professor in Pulte Medical College and son of our now senior Dr. William Owens, died at Los Angeles, Cal., May 9th, of this year; he was associated with his father's practice for about fourteen years, and was considered one of the brightest and most promising physicians of Cincinnati. In December last he suffered from a severe attack of the grippe, from which he never rallied. A few weeks before his death he went to Los Angeles, where he formerly resided, hoping for benefit from its climate, but gradually failed till he passed away.

Dr. Bushrod W. James moved that the Memorial Notices prepared by the Necrologist be accepted without reading and referred

to the Committee of Publication. The motion was adopted. (See "Report of the Necrologist and Memorial Service.")

President Kinne then delivered a brief opening Address (See "Report of the Necrologist"), after which Phœbe Carey's beautiful hymn,

"One sweetly solemn thought  
Comes to me o'er and o'er,"

was most beautifully and effectively rendered by Miss Lizzie Armstrong.

Brief eulogistic tributes (see the "Report of the Necrologist") were then paid to the memory of the departed members, as follows:

To Dr. David S. Smith, by Drs. J. P. Dake, Sheldon Leavitt and M. D. Youngman.

To Dr. A. I. Sawyer, by Drs. D. H. Beckwith and E. H. Pratt.

To Dr. George E. Belcher, by Dr. Louis DeV. Wilder.

To Dr. George S. Norton, by Dr. F. Park Lewis, followed by a poetic tribute by Dr. Hayes C. French.

To Dr. Willis Danforth, by Dr. Chester G. Higbee.

To Dr. William Owens, Jr., by Drs. C. D. Crank and S. R. Beckwith.

To Dr. Thomas Nichol, by Dr. Richard Hughes.

Brief remarks in memory of Dr. Sawyer and other departed members were also offered by Drs. Bushrod W. James and John C. Morgan.

To "The Unnamed Dead," a beautiful and touching eulogium was paid by Dr. Wm. H. Holcombe, of New Orleans, La.

The entire assemblage then joined in the hymn,

"Nearer, my God to Thee,"

after which the service was closed with the benediction pronounced by Rev. Dr. Bailey.

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MONDAY MORNING, June 22, 1891.

The Institute reconvened at half-past nine; the President in the chair.

The regular morning report of the Board of Censors was received,

the applicants proposed on Saturday, elected to membership, and a number of new names were proposed.

Dr. Dyce Brown, of London, W., England, and Dr. L. Salzer, of 6 London street, Calcutta, India, were unanimously elected corresponding members of the Institute.

A motion was made and adopted that when the Institute adjourn, it be to reconvene at the close of the afternoon session of the Congress.

Dr. I. T. Talbot, of Boston, Mass., presented the following, which was accepted and referred to the Committee of Publication :

#### REPORT OF THE INTERCOLLEGIATE COMMITTEE.

The condition of the colleges was never more prosperous than at the present time. Three new ones have been added to our number, making sixteen in all. The Kansas City Homœopathic Medical College has so revised and improved its curriculum and requirements that it meets those of the committee and of the Institute, and has been admitted to membership.

The Southern Homœopathic Medical College of Baltimore has organized and adopted the curriculum of the Institute. It has established a hospital and dispensary in connection with the college, and will begin its first course of instruction in October next. Last year the Cleveland Medical College was established in accordance with the requirements of this committee. It has a successful course of instruction and has been admitted to the committee.

A still further advance has been made by the unanimous action of the committee. The four years' required course of instruction was adopted last year by all the homœopathic colleges, to go into effect in the fall of 1892. It has been found practicable to put this into operation the present year. Accordingly, with the beginning of the college year of 1891-92, all students commencing the study of medicine will be required to pursue a four years' course. The first year's study may be pursued outside of the Medical College, but the last three years—the second, third and fourth years of the course must be spent in attendance upon the lectures and instruction of a medical school not less than six months of each collegiate year. A uniform minimum curriculum of yearly study is in process of preparation, to be adopted by all the medical colleges, so that the required course shall be similar and synchronous.

Respectfully submitted,  
I. T. TALBOT,  
*Chairman.*

The President announced a number of changes in the membership of the various bureaus of the Institute for the ensuing year. (See "Bureaus for 1892.")



THE REPORT OF THE BUREAU OF ORGANIZATION, REGISTRATION AND STATISTICS

was presented by the chairman, Dr. Thomas Franklin Smith, of New York. It was accepted and referred to the Committee of Publication. (The detailed and statistical portion of the report will be found under the title "Homœopathic Organizations and Institutions in the United States," which see.) Following is the "General Report:—"

*To the American Institute of Homœopathy:*

In coming before you at this time with our annual report, we feel that there is good, substantial ground for congratulation, and that we should thank God and take courage, going forward at this commencement of a new year with the full determination to do more than ever for the advancement of that cause which lies so near and dear to our hearts.

We have in the United States 3 national, 2 sectional, 28 State, and 86 local societies, and 19 homœopathic clubs. Of the sectional and State societies, we have been unable, as yet, to obtain reports from the following, viz.:

Western Academy of Homœopathy.

Southern Homœopathic Medical Association.

Homœopathic Medical Society of Delaware and the Peninsula.

Nebraska State Homœopathic Medical Society.

Homœopathic Medical Society of Tennessee.

Texas Homœopathic Medical Society.

There are in the United States 40 general homœopathic hospitals and 35 special hospitals. From these 75 we have received reports from 33 general and 26 special hospitals. These 59 have a capacity of 4604 beds. They have treated during the past year 33,169 patients. Of this number, 25,832 have been cured, 3173 have been relieved, while 1009 have died. There are now remaining in the hospitals 3605 patients. The death-rate during the past year has been 3.12 per cent., a little higher than it was last year.

The following hospitals have failed to make any response to our request for statistics, viz.:

Fabiola Hospital, of Oakland, Cal.

Cook County Hospital, of Chicago, Ill.

Albany City Hospital, of Albany, N. Y.

Foundling Home, of Chicago, Ill.

Kansas Surgical Hospital, of Topeka, Kan.

Brooklyn Home for Consumptives, of Brooklyn, N. Y.

Brooklyn Woman's Homœopathic Hospital, of Brooklyn, N. Y.

Home for the Aged Poor, of Allegheny, Pa.  
 Home for the Aged Poor, of Pittsburgh, Pa.  
 Protestant Home for Incurables, of Pittsburgh, Pa.  
 Babies' Home, of Milwaukee, Wis.  
 Milwaukee Orphan Asylum, of Milwaukee, Wis.  
 Children's Home, of Amsterdam, N. Y.

We have in the United States 47 homœopathic dispensaries. Of this number, we have received reports from 35. At these 35, 109,874 patients have been treated, and 301,318 prescriptions have been made. There have also been 33,754 outside visits made.

There are 26 homœopathic journals published in the United States at the present time. We have received reports from 16 homœopathic colleges.

In conclusion, we would recommend that a standing resolution be passed by the Institute authorizing the Secretary to publish each year, in the *Transactions*, the name of every deceased member of the Institute, with the date of admission into the Institute, and the date of his or her decease, the same as has been done for the last two or three years.

All of which is respectfully submitted,

THOMAS FRANKLIN SMITH,  
*Chairman Bureau Organization, Registration and Statistics.*

#### A SPECIAL REPORT FROM THE COMMITTEE ON MEDICAL LEGISLATION

was received, having reference to the communication from the Eclectic Medical Society of Connecticut. The report is as follows:

##### *To the American Institute of Homœopathy:*

The Committee on Medical Legislation beg leave to report that they have duly considered the communication in reference to the creation of a new cabinet office, that of Public Health, at Washington, and would recommend the adoption of the following preamble and resolution:

WHEREAS, The appropriation of needed money is all that prevents our National Board of Health from the care of our public health interests, as originally intended; and

WHEREAS, The creation of a single-man power in the person of a Medical Secretary at the seat of government is likely to interfere with the personal rights of both physicians and people;

*Resolved*, That the American Institute of Homœopathy disapproves of all efforts on the part of our National Congress to erect authoritative medical standards by the appointment of a medical health officer in the President's cabinet; and further

*Resolved*, That the influence of this national body, representing twelve thousand medical practitioners and millions of people in the United States, should be used in urging upon Congress the appropriation of needed money to enable the National Board of Health to perform its duties.

J. P. DAKE,  
H. M. PAINE,  
F. H. ORME,  
I. T. TALBOT,  
*Committee.*

The report was adopted and referred to the Committee of Publication.

Dr. J. H. McClelland offered a motion that the Committee on Railroad Fares be abolished, and that the duties of said committee be turned over to the General Secretary. He explained by saying that the principal lines of railway have all established rates as favorable as those the committee is able to obtain.

After a discussion of the subject, the motion was adopted.

Dr. Bushrod W. James moved that a memorial service similar to the one held at this session of the Institute, be held next year, and that a committee be appointed to act in conjunction with the Necrologist in the preparation of such service.

The motion was adopted. Adjourned.

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MONDAY AFTERNOON, June 22, 1891.

The Institute reassembled pursuant to adjournment; the President in the chair.

The applicants for Institute membership, proposed at the morning session, were elected to membership.

The Board of Censors made their final report, proposing additional names for membership. As the Institute was about to adjourn finally, the applicants were elected to membership under a suspension of the rule.

The General Secretary announced that he had just learned that Dr. Bernard Berens, a member of the Institute of Homœopathy since the year 1846, had been dead about four years. He asked

permission to add the name to the Report of the Necrologist. The request was granted.

Resolutions of thanks to the officers and to the Committee of Local Arrangements were adopted; also a special vote of thanks to the reportorial staff of Atlantic City, and the newspapers they represented, for the unusually accurate, interesting and extended reports of the proceedings of the Institute and Congress.

Several of the members present expressed great dissatisfaction because, after having complied with the published rules and requirements for securing rebates on their railroad tickets, the rebate had been refused them by the railroad authorities at Atlantic City.

Dr. C. G. Higbee moved that in case it should be impracticable to make suitable arrangements next year with the railroads entering Washington city, the Executive Committee be authorized to change the place of next year's meeting. After considerable discussion the subject was laid on the table.

The President announced his appointments of committees for the ensuing year. The forty-fourth session of the Institute then adjourned *sine die*.

PEMBERTON DUDLEY, M.D.,  
*General Secretary.*

## TREASURER'S REPORT.

*American Institute of Homeopathy in Account with THOS. FRANKLIN SMITH, Assistant Treasurer.*

Dr.	Cr.
Collections received by Dr. Kellogg, . . . . .	\$1357.50
Collections received by Dr. Smith, . . . . .	3115.10
	<hr/>
Balance from account received from Dr. Kellogg, . . . . .	\$4472.60
	756.31
	<hr/>
Total receipts, . . . . .	\$5228.91
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CYCLOPEDIA ACCOUNT.	
By cash received from subscriptions, . . . . .	\$72.55
By cash deficiency paid by Institute, . . . . .	463.45
	<hr/>
To cash paid for Parts XIII. and XIV., . . . . .	\$536.00
	536.00
	<hr/>
Deficiency in Cyclopaedia account, . . . . .	\$4042.70
	\$463.45
	<hr/>
Balance to account, . . . . .	\$4506.15
	722.76
	<hr/>
	\$5228.91
	JUNE 17, 1891.

Your committee appointed to audit the Treasurer's accounts would report that they have carefully examined the same and find them correct in every particular.

They would compliment the Treasurer for both his methods and faithfulness.

CHARLES D. CRANK, }  
A. L. MONROE, } Auditing Committee  
W. F. EDMUNDSON, }

Bureau Organization, etc., . . . . .	\$66.15
Committee on R. R. Fares, . . . . .	6.20
Clarence Bartlett, reporting, . . . . .	100.00
Frank Kraft, reporting, . . . . .	100.00
P. Dudley, salary, . . . . .	500.00
T. M. Strong, salary, . . . . .	280.00
Life Ins. Co., . . . . .	2.10
Committee on Pharmacopoeia, . . . . .	39.95
Treasurer's expenses, 1890, . . . . .	84.50
Executive Committee room at Waukesha, . . . . .	25.00
P. Dudley, postage bill, . . . . .	421.85
J. C. Burcher, postage bill, . . . . .	7.06
T. F. Smith, postage bill, . . . . .	118.46
Phillips, rubber stamp, . . . . .	1.25
Slote & Jones, cash book, . . . . .	1.50
Spencerian Writing Co., . . . . .	26.75
Sherman & Co., bill printing, . . . . .	1683.43
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ALLEN, JONATHAN H., M.D.,	Rockville, Conn.
New York Homœopathic Medical College, 1888.	
ALLEN, PAUL, M.D.,	New York, N. Y.
New York Homœopathic Medical College, 1889.	
ANDERSON, HENRY J., M.D.,	Newark, N. J.
New York Homœopathic Medical College, 1875.	
ANGELL, SAMUEL WINTER, M.D.,	New Orleans, La.
Homœopathic Medical College of Pennsylvania, 1857.	
APPLEGATE, G. T., M.D.,	New Brunswick, N. J.
Hahnemann Medical College of Chicago, 1883.	
ARSCHAGOUNI, JOHN, M.D.,	New York, N. Y.
Hahnemann Medical College of Philadelphia, 1891.	
AETZ, JEROME L., M.D.,	Dudley, N. J.
Hahnemann Medical College of Philadelphia, 1881.	
BABBITT, ZENO B., M.D.,	Washington, D. C.
Hahnemann Medical College of Philadelphia, 1890.	
BAKER, FRANK W., M.D.,	Kokomo, Ind.
Hahnemann Medical College of Chicago, 1888.	
BALDWIN, ARTHUR HANFORD, M.D.,	Norwalk, Conn.
Hahnemann Medical College of Chicago, 1881.	
BANKER, PIERRE A., M.D.,	Elizabeth, N. J.
New York Homœopathic Medical College, 1879.	
BARNARD, CHARLES A., M.D.,	Centerdale, R. I.
University of the City of New York, 1879.	
BARNARD, JAMES S., M.D.,	Baltimore, Md.
Hahnemann Medical College of Philadelphia, 1892.	
BAYLEY, WESTON D., M.D.,	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1888.	
BEEBE, WILLIAM B., M.D.,	Bridgeport, Conn.
New York Homœopathic Medical College, 1877.	
BIGGAR, GEORGE G., M.D.,	Geneva, O.
Homœopathic Hospital College of Cleveland, 1873.	
BISHOP, WILLIAM H., M.D.,	New York, N. Y.
Hahnemann Medical College of Philadelphia, 1888.	
BITTINGER, FRANK D., M.D.,	Dayton, O.
Hahnemann Medical College of Chicago, 1888.	
BLACKMAN, ORVILLE B., M.D.,	Dixon, Ill.
Hahnemann Medical College of Chicago, 1873.	

BLACKWOOD, THOMAS B., M.D., . . . . .	Camden, N. J.
Hahnemann Medical College of Philadelphia, 1870.	
BOOCOCK, ROBERT, M.D., . . . . .	Flatbush, N. Y.
New York Homœopathic Medical College, 1891.	
BOYD, J. S., M.D., . . . . .	New Brighton, Pa.
Homœopathic Hospital College of Cleveland, 1874.	
BRANIN, JOHN W., M.D., . . . . .	Mount Holly, N. J.
Hahnemann Medical College of Philadelphia, 1888.	
BRANSON, MARY, M.D., . . . . .	Philadelphia, Pa.
Woman's Medical College of Philadelphia, 1873.	
BREWSTER, CORA B., M.D., . . . . .	Baltimore, Md.
College of Physicians and Surgeons of Boston, 1886.	
BREWSTER, FLORA A., M.D., . . . . .	Baltimore, Md.
Chicago Homœopathic Medical College, 1882.	
BROWN, CHRISTIAN H., M.D., . . . . .	Philadelphia, Pa.
University of Pennsylvania, 1878.	
BROWN, MANUEL JAY, M.D., . . . . .	Salina, Kan.
Hahnemann Medical College of Chicago, 1882.	
BROWN, M. BELLE, M.D., . . . . .	New York, N. Y.
New York Medical College for Women, 1879.	
BROWNELL, CLARENCE M., M.D., . . . . .	Stroudsburg, Pa.
Hahnemann Medical College of Philadelphia, 1883.	
BUCK, EDGAR C., M.D., . . . . .	Cincinnati, O.
Pulte Medical College, 1891.	
BUCK, MICHAEL J., M.D., . . . . .	Baltimore, Md.
Jefferson Medical College of Philadelphia, 1872.	
Hahnemann Medical College of Philadelphia, 1876.	
BURLING, J., M.D., . . . . .	Summit, N. J.
Homœopathic Hospital College of Cleveland, 1873.	
BURNHAM, CLARK, M.D., . . . . .	Brooklyn, N. Y.
Hahnemann Medical College of Philadelphia, 1881.	
BURNHAM, NORMAN G., M.D., . . . . .	Denver, Col.
Eclectic Medical Institute of Cincinnati, O., 1851.	
CANFIELD, MARTHA, M.D., . . . . .	Cleveland, O.
Homœopathic Hospital College of Cleveland, 1875.	
CARMICHAEL, THOMAS H., M.D., . . . . .	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1886.	
CARR, ADA, M.D., . . . . .	Paterson, N. J.
New York Medical College for Women, 1882.	
CARTER, JOHN T., M.D., . . . . .	Cleveland, O.
Homœopathic Hospital College of Cleveland, 1889.	
CHALMERS, ROBERT, M.D., . . . . .	Woburn, Mass.
Boston University School of Medicine, 1887.	
CHANDLEE, HENRY, M.D., . . . . .	Baltimore, Md.
University of Maryland, 1882.	
Hahnemann Medical College of Philadelphia, 1883.	
CHAPIN, EDWARD, M.D., . . . . .	Brooklyn, N. Y.
New York Homœopathic Medical College, 1878.	
CHIPMAN, ANNA MARY, M.D., . . . . .	Roxbury, Mass.
Boston University School of Medicine, 1888.	
CHOATE, RUFUS, M.D., . . . . .	Rockville, Md.
Medical Department, Georgetown College, 1867.	

CHURCH, ADALINE B., M.D., . . . . .	Boston, Mass.
Boston University School of Medicine, 1879.	
CHURCHILL, ANN ERVILLA, M.D., . . . . .	Monroe, Wis.
Hahnemann Medical College of Chicago, 1886.	
CLARK, CHARLES W., M.D., . . . . .	Winnipeg, Manitoba.
Hahnemann Medical College of Chicago, 1886.	
CLARK, EDWIN J., M.D., . . . . .	Longmont, Col.
Hahnemann Medical College of Chicago, 1886.	
CLARK, ERNEST A., M.D., . . . . .	Ann Arbor, Mich.
Homœopathic Department, University of Michigan, 1890.	
CONDON, EDWARD H., M.D., . . . . .	Baltimore, Md.
Hahnemann Medical College of Philadelphia, 1896.	
COOLIDGE, JOHN W., M.D., . . . . .	Scranton, Pa.
University of Michigan, 1879.	
COOPER, ISAAC, M.D., . . . . .	Trenton, N. J.
Hahnemann Medical College of Philadelphia, 1868.	
COOPER, PETER, M.D., . . . . .	Wilmington, Del.
Hahnemann Medical College of Philadelphia, 1881.	
COREY, WATERMAN F., M.D., . . . . .	Washington, D. C.
Medical Department, Harvard University, 1880.	
CORNELIUS, ROBERT W. B., M.D., . . . . .	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1874.	
COVEY, ALFRED DALE, M.D., . . . . .	Grand Ledge, Mich.
Hahnemann Medical College of Chicago, 1890.	
COVEY, CALVIN EDSON, M.D., . . . . .	Port Huron, Mich.
Hahnemann Medical College of Chicago, 1890.	
CRANDALL, WILLIS AUGUSTINE, M.D., . . . . .	Sturgis, Mich.
Hahnemann Medical College of Chicago, 1883.	
CROFT, WILLARD B., M.D., . . . . .	Madison, O.
Homœopathic Hospital College of Cleveland, 1882.	
CROWTHER, ISAAC, M.D., . . . . .	Chester, Pa.
Hahnemann Medical College of Philadelphia, 1890.	
CULLEN, JAMES F., M.D., . . . . .	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1890.	
DAILY, JOHN C., M.D., . . . . .	Fort Smith, Ark.
Pulte Medical College, 1883.	
DAY, LEONIDAS A. L., M.D., . . . . .	Martinsburg, W. Va.
Pulte Medical College, 1885,	
New York Homœopathic Medical College, 1890.	
DEARBORN, HENRY M., M.D., . . . . .	New York, N. Y.
Bowdoin College, 1869.	
DEPUY, ROBERT G., M.D., . . . . .	Jamestown, N. Dak.
University of Michigan, 1881.	
DOLAN, A. STANLEY, M.D., . . . . .	Fergus Falls, Minn.
Homœopathic Department, University of Michigan, 1882.	
DRAKE, HARLAN B., M.D., . . . . .	Portland, Ore.
Hahnemann Medical College of Philadelphia, 1873.	
DRANE, FRANK C., M.D., . . . . .	Baltimore, Md.
Hahnemann Medical College of Philadelphia, 1888.	
DUNN, CHARLES N., M.D., . . . . .	Centralia, Ill.
Hahnemann Medical College of Chicago, 1878.	



DWINELL, BYRON, L., M.D., . . . . .	Taunton, Mass.
Boston University School of Medicine, 1878.	
EATON, CHARLES WOODHULL, M.D., . . . . .	Des Moines, Ia.
Hahnemann Medical College of Chicago, 1879.	
ELDER, WM. B., M.D., . . . . .	Terre Haute, Ind.
Berkshire Medical College, 1847.	
EMERSON, NATHANIEL WALDO, M.D., . . . . .	Dorchester, Mass.
Boston University School of Medicine, 1881.	
EVERHART, OLIVER T., M.D., . . . . .	Hanover, Pa.
University of Maryland, 1856.	
FERSON, JOHN L., M.D., . . . . .	Pittsburgh, Pa.
Hahnemann Medical College of Philadelphia, 1879.	
FICKEL, JAMES G., M.D., . . . . .	Carlisle, Pa.
Hahnemann Medical College of Philadelphia, 1879.	
FISHER, H. F., M.D., . . . . .	Fort Worth, Tex.
Hahnemann Medical College of Chicago, 1884.	
FITZ, WILLIAM H. A., M.D., . . . . .	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1885.	
FLEMING, JOHN R., M.D., . . . . .	Atlantic City, N. J.
Hahnemann Medical College of Philadelphia, 1882.	
FLINN, LEWIS H., M.D., . . . . .	Wilmington, Del.
Hahnemann Medical College of Philadelphia, 1883.	
Jefferson Medical College of Philadelphia, 1887.	
GALLOWAY, WILLIAM L., M.D., . . . . .	St. Louis, Mo.
Boston University School of Medicine, 1888.	
GANNETT, JAMES C., M.D., . . . . .	Yarmouth, Me.
New York Homœopathic Medical College, 1872.	
GAREY HENRY F., M.D., . . . . .	Baltimore, Md.
Washington University of Maryland, 1876.	
GEOHEGAN, WM. A., M.D., . . . . .	Cincinnati, O.
Pulte Medical College, 1882.	
GIBBS, B. FRANK, M.D., . . . . .	Washington, D. C.
Hahnemann Medical College of Philadelphia, 1885.	
GILBERT, IRWIN B., M.D., . . . . .	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1882.	
GILE, FRANCIS A., M.D., . . . . .	East Orange, N. J.
New York Homœopathic Medical College. (Date not given).	
GIVENS, AMOS JAY, M.D., . . . . .	Owego, N. Y.
Eclectic Medical Institute of Cincinnati, 1886.	
GODSHALL, SAMUEL G., M.D., . . . . .	Edge Hill, Pa.
Hahnemann Medical College of Philadelphia, 1888.	
GOFF, ELLA D., M.D., . . . . .	Allegheny, Pa.
Boston University School of Medicine, 1891.	
GRAMM, EDWARD M., M.D., . . . . .	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1880.	
GRANT, ALBERT B., M.D., . . . . .	Ionia, Mich.
Detroit Homœopathic Medical College, 1875.	
GRANT, WILLIAM H., M.D., . . . . .	Ossipee, N. H.
Dartmouth College, 1859.	
GRIFFITH, LEWIS B., M.D., . . . . .	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1880.	

Griffith, Silas, M.D., . . . . .	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1886.	
Griffith, Wm. M., M.D., . . . . .	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1872.	
Hall, Amos C., M.D., . . . . .	Chicago, Ill.
Hahnemann Medical College of Chicago, 1889.	
Hall, Harrison B., M.D., . . . . .	Riverton, N. J.
Homœopathic Medical College of Pennsylvania, 1869.	
Hanchett, John L., M.D., . . . . .	Sioux City, Iowa.
Chicago Homœopathic Medical College, 1889.	
Hansoom, Walter V., M.D., . . . . .	Rockland, Me.
Hahnemann Medical College, of Philadelphia, 1890.	
Harpel E. Newton, M.D., . . . . .	Philadelphia, Pa.
Hahnemann Medical College of Chicago, 1883.	
Harrington, Edwin S., M.D., . . . . .	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1885.	
Hawes, George H., M.D., . . . . .	Hastings, Minn.
Hahnemann Medical College of Chicago, 1876.	
Hedges, LeRoy C., M.D., . . . . .	Chicago, Ill.
Chicago Homœopathic Medical College, 1891.	
Helfrich, Charles H., M.D., . . . . .	New York City.
New York Homœopathic Medical College, 1884.	
Heron, William H., M.D., . . . . .	Washington, D. C.
Hahnemann Medical College of Philadelphia, 1888.	
Hetherington, Judson Egbert, M.D., . . . . .	St. John, N. B.
Chicago Homœopathic Medical College, 1889.	
Hickox, Kate Louisa, M.D., . . . . .	St. Joseph, Mo.
Hahnemann Medical College of Chicago, 1887.	
Hier, William G., M.D., . . . . .	Madisonville, O.
Pulte Medical College, 1881.	
Hill, Lucy Chaloner, M.D., . . . . .	Fall River, Mass.
Boston University School of Medicine, 1890.	
Hinckley, Walter F., M.D., . . . . .	Naugatuck, Conn.
Jefferson Medical College of Philadelphia, 1877.	
Hislop, Margaret, M.D., . . . . .	Washington, D. C.
Hahnemann Medical College of Chicago, 1830.	
Hubbard, Charles H., M.D., . . . . .	Millville, N. J.
Hahnemann Medical College of Philadelphia, 1883.	
Jackson, Frances M. W., M.D., . . . . .	Emporia, Kan.
Boston University School of Medicine, 1882.	
Janney, Edgar, M.D., . . . . .	Washington, D. C.
Howard University of Washington, 1882.	
Hahnemann Medical College of Philadelphia, 1883.	
Janney, O. Edward, M.D., . . . . .	Baltimore, Md.
Hahnemann Medical College of Philadelphia, 1882.	
Jenkins, Ralph, M.D., . . . . .	Washington, D. C.
New York Homœopathic Medical College, 1887.	
Jones, A. Cuvier, M.D., . . . . .	Holden, Mo.
Hahnemann Medical College of Chicago, 1885.	
Jump, Julia C., M.D., . . . . .	Oberlin, O.
Homœopathic Hospital College of Cleveland, 1884.	

- KEELE, CHARLES B., M.D., . . . . . New Canaan, Conn.  
Hahnemann Medical College of Chicago, 1888.
- KENNY, ARTHUR, M.D., . . . . . Somerville, N. J.  
New York Homœopathic Medical College, 1891.
- KING, WM. HARNEY, M.D., . . . . . New York, N. Y.  
New York Homœopathic Medical College, 1882.
- KINGSMAN, RICHARD, M.D., . . . . . Washington, D. C.  
Howard University of Washington, 1886.
- KINLEY, JOSEPH B., M.D., . . . . . Denver, Col.  
Hahnemann Medical College of Chicago, 1885.
- KISTLER, ABRAHAM L., M.D., . . . . . Allentown, Pa.  
Hahnemann Medical College of Philadelphia, 1883.
- LAYMAN, ALFRED, M.D., . . . . . Philadelphia, Pa.  
Hahnemann Medical College of Philadelphia, 1882.
- LEE, FRANK C., . . . . . Cleveland, O.  
Homœopathic Hospital College of Cleveland, 1891.
- LELAND, CLARENCE H., M.D., . . . . . Lowell, Mass.  
Hahnemann Medical College of Philadelphia, 1873.
- LENTZ, LEVI B., M.D., . . . . . Fleetwood, Pa.  
Homœopathic Medical College of Pennsylvania, 1865.
- LINDLEY, HAVARD, M.D., . . . . . Baltimore, Md.  
Hahnemann Medical College of Philadelphia, 1888.
- LONG, OSCAR B., M.D., . . . . . Ionia, Mich.  
Detroit Homœopathic Medical College, 1873.
- LUKENS, BENJAMIN F., M.D., . . . . . Philadelphia, Pa.  
Hahnemann Medical College of Chicago, 1869.
- LYON, MALVERN S., M.D., . . . . . Absecon, N. J.  
Hahnemann Medical College of Philadelphia, 1889.
- MACDONALD, THOMAS L., M.D., . . . . . Washington, D. C.  
Hahnemann Medical College of Philadelphia, 1888.
- MACFARLAN, DUNCAN, M.D., . . . . . Philadelphia, Pa.  
Hahnemann Medical College of Philadelphia, 1875.
- MCMASTER, MARIAN A., M.D., . . . . . Utica, N. Y.  
Hahnemann Medical College of Chicago, 1890.
- MACRUM, CHARLES A., M.D., . . . . . Portland, Ore.  
University of Michigan, 1889.
- MADDUX, DANIEL P., M.D., . . . . . Chester, Pa.  
Hahnemann Medical College of Philadelphia, 1883.
- MALIN, WILLIAM H., M.D., . . . . . Philadelphia, Pa.  
Homœopathic Medical College of Pennsylvania, 1858.
- MARKS, WILLIAM F., M.D., . . . . . Reading, Pa.  
Hahnemann Medical College of Philadelphia, 1869.
- MARTIN, GEORGE F., M.D., . . . . . Skaneateles, N. Y.  
New York Homœopathic Medical College, 1890.
- MARTIN, LYNN ARTHUR, M.D., . . . . . Binghamton, N. Y.  
New York Homœopathic Medical College, 1886.
- MARTIN, THOMAS C., M.D., . . . . . Cleveland, O.  
Homœopathic Hospital College of Cleveland, 1886.
- MAYER, CHARLES R., M.D., . . . . . New Orleans, La.  
Hahnemann Medical College of Chicago, 1885.
- MCDOWELL, GEORGE W., M.D., . . . . . New York, N. Y.  
New York Homœopathic Medical College, 1886.

MCKINSTRY, FRANK P., M.D.,	Washington, N. J.
Hahnemann Medical College of Philadelphia, 1878.	
McMICHAEL, ARKELL B., M.D.,	New York, N. Y.
New York Homœopathic Medical College, 1883.	
McMICKEN, JOSEPH J., M.D.,	Portland, Ore.
Pulte Medical College, 1890.	
MEANS, J. W., M.D.,	Troy, O.
Pulte Medical College, 1890.	
MERCKER, EDWARD W., M.D.,	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1884.	
MIDDLETON, WILLIS H., M.D.,	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1882.	
MIFFLIN, ROBERT W., M.D.,	Baltimore, Md.
Hahnemann Medical College of Philadelphia, 1876.	
MONTGOMERY, RICHARD W., M.D.,	Scranton, Pa.
Hahnemann Medical College of Philadelphia, 1890.	
MOSEER, MARY E., M.D.,	Roxbury, Mass.
Boston University School of Medicine, 1887.	
MUNSON, MILTON L., M.D.,	Atlantic City, N. J.
Hahnemann Medical College of Philadelphia, 1890.	
MYERS, CORNELIUS H., M.D.,	South Bend, Ind.
Hahnemann Medical College of Chicago, 1877.	
MYERS, SAMUEL I., M.D.,	Bayonne, N. J.
College of Physicians and Surgeons of New York, 1867.	
NEGENDANK, EGDMONT T., M.D.,	Wilmington, Del.
Hahnemann Medical College of Philadelphia, 1887.	
NORTHROP, HERBERT L., M.D.,	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1889.	
NOWELL, JOHN F., M.D.,	Greencastle, Pa.
Hahnemann Medical College of Philadelphia, 1875.	
OATLEY, EUGENE L., M.D.,	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1886.	
OSMAN, JOSEPH B., M.D.,	Bristol, Pa.
Hahnemann Medical College of Philadelphia, 1884.	
PARKER JAMES W., M.D.,	Warsaw, Ill.
Homœopathic Department, University of Iowa, 1888.	
PARKER, T. ELWOOD, M.D.,	Woodbury, N. J.
Hahnemann Medical College of Philadelphia, 1890.	
PARSONS, ROSCOE, M., M.D.,	Traer, Ia.
Chicago Homœopathic Medical College, 1882.	
PAULY, C. A., M.D.,	Cincinnati, O.
Pulte Medical College, 1881.	
PELTIER, PIERRE, D., M.D.,	Hartford, Conn.
University of Buffalo, 1860.	
PIERCE, WILLARD IDE, M.D.,	New York, N. Y.
New York Homœopathic Medical College, 1891.	
POUNDS, WILLIAM H., M.D.,	Paulsboro, N. J.
Hahnemann Medical College of Philadelphia, 1886.	
PRATT, TRIMBLE, M.D.,	Media, Pa.
Hahnemann Medical College of Philadelphia, 1870.	
PRICE, ELDRIDGE C., M.D.,	Baltimore, Md.
Hahnemann Medical College of Philadelphia, 1875.	

QUAY, GEORGE H., M.D.,	East Cleveland, O.
Homœopathic Hospital College of Cleveland, 1883.	
RAUTERBERG, LEWIS E., M.D.,	Washington, D. C.
Medical Department of Georgetown University, 1867.	
REED, CLARA D., M.D.,	Newton, Mass.
Boston University School of Medicine, 1880.	
REYNOLDS, WARREN U., M.D.,	New York, N. Y.
New York Homœopathic Medical College, 1886.	
RICHARDS, GEORGE HERBERT, M.D.,	Orange, N. J.
New York Homœopathic Medical College, 1885.	
RICHARDSON, GEORGE W., M.D.,	New York, N. Y.
New York Homœopathic Medical College, 1873.	
ROBERTS, CHARLES WESLEY, M.D.,	Washington, D. C.
Hahnemann Medical College of Philadelphia, 1889.	
ROBERTS, GRACE, M.D.,	Washington, D. C.
Homœopathic Department of Michigan University, 1878.	
ROBINSON, FRANKLIN, E., M.D.,	New York, N. Y.
Homœopathic Hospital College of Cleveland, 1876.	
ROGERS, L. D., M.D.,	Chicago, Ill.
Hahnemann Medical College of Chicago, 1884.	
ROOME, EDWARD, M.D.,	Washington, D. C.
Medical Department Columbian University, 1888.	
Hahnemann Medical College of Philadelphia, 1889.	
ROYAL, GEORGE, M.D.,	Des Moines, Ia.
New York Homœopathic Medical College, 1882.	
ROYAL, OSMON, M.D.,	Portland, Ore.
Boston University School of Medicine, 1885.	
SAGE, FREDERICK H., M.D.,	Middletown, Conn.
New York Homœopathic Medical College, 1884.	
SCHANTZ, HENRY F., M.D.,	Altoona, Pa.
Hahnemann Medical College of Philadelphia, 1891.	
SCHOLL, E. R., M.D.	Reading, Pa.
Medical Department of Pennsylvania College, 1855.	
SCHUMANN, CARL, M.D.,	Delhi, N. Y.
New York Homœopathic Medical College, 1887.	
SCHWENCK, CLAYTON S., M.D.,	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1882.	
SEIBERT, WILLIAM A., M.D.	Easton, Pa.
Boston University School of Medicine, 1885.	
SHALLCROSS, ISAAC G., M.D.,	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1887.	
SHEPARD, JESSIE, M.D.,	Buffalo, N. Y.
Boston University School of Medicine, 1888.	
SHERMAN, MARCENA E., M.D.,	Rochester, N. Y.
Homœopathic Hospital College of Cleveland, 1888.	
SHOULTERS, GEORGE H., M.D.,	Washington, D. C.
Medical Department of Georgetown University, 1883.	
SHERVE, JOSEPH, M.D.,	Burlington, N. J.
Philadelphia University of Medicine and Surgery, 1866.	
SLEGHT, B. H. B., M.D.,	Newark, N. J.
Hahnemann Medical College of Philadelphia, 1882.	

SMEDLEY, ISAAC G., M.D., . . . . .	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1880.	
SMITH, GEORGE R., M.D., . . . . .	Dover, N. H.
Hahnemann Medical College of Chicago, 1888.	
SNADER, EDWARD R., M.D., . . . . .	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1884.	
SNYDER, LEON A., M.D., . . . . .	Ashland, Pa.
Hahnemann Medical College of Philadelphia, 1875.	
SOOY, WALTER C., M.D., . . . . .	Atlantic City, N. J.
Hahnemann Medical College of Philadelphia, 1890.	
SPENCER, WILLIAM, M.D., . . . . .	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1887.	
STARK, CLINTON E., M.D., . . . . .	Norwich, Conn.
New York Homœopathic Medical College, 1878.	
STARR, SAMUEL, M.D., . . . . .	Chester, Pa.
Hahnemann Medical College of Philadelphia, 1869.	
STEARNS, SOLOMON S., M.D., . . . . .	Washington, D. C.
Medical Department of Georgetown University, 1868.	
STETTLER, CORNELIA S., M.D., . . . . .	Aurora, Ill.
Hahnemann Medical College of Chicago, 1891.	
STEWART, F. CORWIN, M.D., . . . . .	Peru, Ind.
Hahnemann Medical College of Chicago, 1886.	
STEWART, JOHN W. G., M.D., . . . . .	Wabash, Ind.
Hahnemann Medical College of Chicago, 1889.	
STRAWBRIDGE, FRANK A., M.D., . . . . .	Sigourney, Ia.
Homœopathic Department, University of Iowa, 1886.	
STULL, OPHELIA S., M.D., . . . . .	Rochester, N. Y.
Hahnemann Medical College of Chicago, 1882.	
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Homœopathic Department, University of Iowa, 1888.	
Hahnemann Medical College of Philadelphia, 1889.	
SWORMSTEDT, LYMAN B., M.D., . . . . .	Washington, D. C.
Hahnemann Medical College of Philadelphia, 1877.	
THOMAS, CHARLES H., M.D., . . . . .	Baltimore, Md.
Hahnemann Medical College of Philadelphia, 1873.	
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Chicago Homœopathic Medical College, 1886.	
THOMPSON, WILL SYLVESTER, M.D., . . . . .	Augusta, Me.
Homœopathic Hospital College of Cleveland, 1879.	
TOMLINSON, WILLIAM H., M.D., . . . . .	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1875.	
TOWNSEND, IRVING, M.D., . . . . .	New York, N. Y.
New York Homœopathic Medical College, 1887.	
TUTTLE, EDWARD G., M.D., . . . . .	New York, N. Y.
New York Homœopathic Medical College, 1889.	
TYDEMAN, DR. W. W., . . . . .	Knoxville, Tenn.
Licentiate, State Board of Examiners of Tennessee, 1890.	
ULREY, ARTHUR O., M.D., . . . . .	Niles, Mich.
Hahnemann Medical College of Chicago, 1886.	
VAN DEUSEN, EDWIN H., M.D., . . . . .	Philadelphia, Pa.
University of Pennsylvania, 1880.	

VER NOOY, CHARLES, M.D., . . . . .	New York, N. Y.
New York Homœopathic Medical College, 1890.	
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Hahnemann Medical College of Chicago, 1882.	
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Hahnemann Medical College of Philadelphia, 1891.	
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Hahnemann Medical College of Philadelphia, 1886.	
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New York Homœopathic Medical College, 1887.	
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Hahnemann Medical College of Chicago, 1876.	
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Hahnemann Medical College of Philadelphia, 1891.	
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New York Homœopathic Medical College, 1884.	
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University of Pennsylvania, 1878.	
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Hahnemann Medical College of Philadelphia, 1891.	
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Hahnemann Medical College of Philadelphia, 1884.	
WRIGHT, GEORGE H., M.D., . . . . .	Forest Glen, Md.
Hahnemann Medical College of Chicago, 1886.	
YOCUM, CHARLES A., M.D., . . . . .	Pottstown, Pa.
Hahnemann Medical College of Philadelphia, 1885.	
YOUNG, CHARLES B., M.D., . . . . .	Lynchburg, Va.
Hahnemann Medical College of Philadelphia, 1881.	
ZIEGENFUS, A. FRANK, M.D., . . . . .	Philadelphia, Pa.
Hahnemann Medical College of Philadelphia, 1879.	

## CORRESPONDING MEMBERS ELECTED.

ALEXANDER VON VILLEBS, M.D., . . . . .	Dresden, Saxony.
DYCE BROWN, M.D., . . . . .	London, England.
L. SALZER, M.D., . . . . .	Calcutta, India.

## MEMBERS AND DELEGATES IN ATTENDANCE.

REPORTED BY THOS. FRANKLIN SMITH, M.D., CHAIRMAN OF BUREAU OF ORGANIZATION, REGISTRATION AND STATISTICS.

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|---|--|
| Adams, C. B., M.D., New Haven, Conn.        | Blackwood, T. R., M.D., Camden, N. J.      |
| Adams, C. F., M.D., Hackensack, N. J.       | Boileau, John D., M.D., Philadelphia, Pa.  |
| Aiken, Gayl, M.D., New Orleans, La.         | Boothby, Alonzo, M.D., Boston, Mass.       |
| Allen, Charles, M.D., Washington, D. C.     | Bowen, Amy G., M.D., San Francisco, Cal.   |
| Allen, Henry C., M.D., Chicago, Ill.        | Bowie, Alonzo P., M.D., Uniontown, Pa.     |
| Allen, Richard C., M.D., Philadelphia, Pa.  | Bowman, Benj., M.D., Chambersburg, Pa.     |
| *Allen, Timothy F., M.D., New York, N. Y.   | Bowman, F. C., M.D., Duluth, Minn.         |
| Andrews, Benj. P., M.D., Dansville, N. Y.   | Boyer, F. W., M.D., Pottsville, Pa.        |
| Angell, S. M., M.D., New Orleans, La.       | Boynton, F. H., M.D., New York, N. Y.      |
| Arcularius, P. E., M.D. New York, N. Y.     | Brannin, John W., M.D., Mount Holly, N. J. |
| Babbitt, Z. B., M.D., Washington, D. C.     | Branson, Mary, M.D., Philadelphia, Pa.     |
| Bacon, Sara, M.D., Chicago, Ill.            | Brewster, Flora, A., M.D., Baltimore, Md.  |
| Bailey, A. W., M.D., Atlantic City, N. J.   | Brickley, Laura, M.D., Cincinnati, O.      |
| Baker, F. W., M.D., Kokomo, Ind.            | Brown, Chris. H., M.D., Philadelphia, Pa.  |
| Baldwin, Aaron, M.D., Washington, D. C.     | Brown, Edward V., M.D., Tarrytown, N. Y.   |
| Barnard, James S., M.D., Baltimore, Md.     | Brown, M. Belle, M.D., New York, N. Y.     |
| Barnett, Amelia, M.D., New York, N. Y.      | Brown, Samuel, M.D., Philadelphia, Pa.     |
| Bartlett, Clarence, M.D., Philadelphia, Pa. | Brownell, C. M., M.D., Stroudsburg, Pa.    |
| Barton, J. Marcey, M.D., Worcester, Mass.   | Bryant, Virginia, F., M.D., Boston, Mass.  |
| Baxter, H. H., M.D., Cleveland, O.          | Buck, M. J., M.D., Baltimore, Md.          |
| Bayley, Weston D., M.D., Philadelphia, Pa.  | Budlong, John C., M.D., Providence, R. I.  |
| Beales, S. T., M.D., Germantown, Pa.        | Bulla, J. M., M.D., Richmond, Ind.         |
| *Beckwith, D. H., M.D., Cleveland O.        | Bunting, Henry M., M.D., Norristown, Pa.   |
| *Beckwith, Seth R., M.D., Orange, N. J.     | *Burgher, John C., M.D., Pittsburgh, Pa.   |
| Beebe, H. E., M.D., Sidney, O.              | Burnham, N. G., M.D., Denver, Col.         |
| Beebe, William B., M.D., Bridgeport, Conn.  | Burroughs, Amelia, M.D., Omaha, Neb.       |
| Bellows, H. P., M.D., Boston, Mass.         | Butler, C. W., M.D., Montclair, N. J.      |
| Bennitt, Francis M., M.D., Chicopee, Mass.  |  |
| Berens, Joseph, M.D., Philadelphia, Pa.     | *Campbell, M. W., M.D., Troy, N. Y.        |
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| Betts, B. Frank, M.D., Philadelphia, Pa.    | Carmichael, T. H., M.D., Germantown, Pa.   |
| Bingaman, Chas. F., M.D., Pittsburgh, Pa.   | Chalmers, Robert, M.D., Woburn, Mass.      |
| Bittinger, F. D., M.D., Dayton, O.          | Chandlee, Henry, M.D., Baltimore, Md.      |
| Blackman, O. E., M.D., Dixon, Ill.          | Chapman, M. J., M.D., Pittsburgh, Pa.      |
|   | Cheesman, Joseph K., M.D., Elmer, N. J.    |

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\* Senior member.



- Church, Adaline B., M.D., Boston, Mass.  
 Church, Charles A., M.D., Passaic, N. J.  
 Churchill, Anp, M.D., Monroe, Wis.  
 Clapp, J. Wilkinson, M.D., Boston, Mass.  
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 Congosto, Jose, M.D., Madrid, Spain.  
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 Cook, Joseph T., M.D., Buffalo, N. Y.  
 Cook, Mary, M.D., Philadelphia, Pa.  
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 Couch, Asa S., M.D., Fredonia, N. Y.  
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 Croft, W. B., M.D., Medina, O.  
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- Fager, Charles B., M.D., Harrisburg, Pa.  
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 Morrill, Ezekiel, M.D., Concord, N. H.  
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 Richards, George H., M.D., Orange, N. Y.  
 Richards, P. C., M.D., New York, N. Y.  
 Richardson, F. H., M.D., Boston, Mass.  
 Roberts, C. W., M.D., Washington, D. C.  
 Roberts, Grace, M.D., Washington, D. C.  
 Robinson, F. E., M.D., New York, N. Y.  
 Robinson, Robert, M.D., Auburn, N. Y.  
 Robinson, Wilhelmus B., M.D., Shelbourne Falls, Mass.  
 Rockwell, Amanda, M.D., St. Louis, Mo.  
 Rockwell, C. B., M.D., Chicago, Ill.  
 Rogers, Ida Wright, M.D., Chicago, Ill.  
 Rogers, L. D., M.D., Chicago, Ill.  
 \*Rush, R. B., M.D., Salem, O.  
 Russeque, H. E., M.D., Hartford, Conn.
- Sackett, E. Wayne, M.D., Philadelphia, Pa.  
 Sanders, J. C., M.D., Cleveland, O.  
 Sartain, H. J., M.D., Philadelphia, Pa.  
 Sawyer, Charles E., M.D., La Rue, O.  
 Sawyer, J. E., M.D., St. Paul, Minn.  
 Schantz, Henry F., M.D., Altoona, Pa.  
 Schley, J. M., M.D., New York, N. Y.  
 Schneider, N., M.D., Cleveland, O.  
 Schreiner, E. T., M.D., Germantown, Pa.  
 Schumann, Carl, M.D., Delhi, N. Y.  
 Seibert, W. A., M.D., Easton, Pa.  
 Sharpless, E. S., M.D., Philadelphia, Pa.  
 Shearer, Thomas L., M.D., Baltimore, Md.  
 Sheldon, J. W., M.D., Syracuse, N. Y.  
 Sherman, John H., M.D., Boston, Mass.  
 Sherman, Lewis, M.D., Milwaukee, Wis.  
 Sherman, M. E., M.D., Rochester, N. Y.  
 Sherwood, H. A., M.D., Warren, O.  
 Shreve, Joseph, M.D., Burlington, N. J.  
 Shute, A. Clement, M.D., Connellsville, Pa.  
 Simon, Samuel H., M.D., Harrisburg, Pa.  
 Slaught, J. E., M.D., Warsaw, N. Y.  
 Slough, F. J., M.D., Allentown, Pa.  
 Smith, George R., M.D., Dover, N. H.  
 \*Smith, Henry M., M.D., New York, N. Y.  
 Smith, Julia Holmes, M.D., Chicago, Ill.  
 Smith, L. A., M.D., Philadelphia, Pa.  
 Smith, Linnaeus A., M.D., Phila., Pa.
- Smith, S. Bryan, M.D., Camden, N. J.  
 Smith, St. Clair, M.D., New York, N. Y.  
 Smith, Sarah N., M.D., New York, N. Y.  
 \*Smith, Thos. F., M.D., New York, N. Y.  
 Smith, T. Hart, M.D., Philadelphia, Pa.  
 Smith, Wilson A., M.D., Morgan Park, Ill.  
 Snader, E. B., M.D., Philadelphia, Pa.  
 Snyder, E. E., M.D., Binghamton, N. Y.  
 Snyder, Leon A., M.D., Ashland, Pa.  
 Somers, Robert S., M.D., Philadelphia, Pa.  
 Sooy, Walter C., M.D., Atlantic City, N. J.  
 Spoor, David E., M.D., Schenectady, N. Y.  
 Stark, C. E., M.D., Norwich, Conn.  
 Starr, Samuel, M.D., Chester, Pa.  
 Stauffer, Alvin P., M.D., Hagerstown, Md.  
 Stearns, S. S., M.D., Washington, D. C.  
 Steele, Wm. G., M.D., Philadelphia, Pa.  
 Stewart, F. C., M.D., Peru, Ind.  
 Stewart, J. W. G., M.D., Wabash, Ind.  
 Stiles, H. P., M.D., Chicago, Ill.  
 Storke, Eugene F., M.D., Denver, Colo.  
 Stout, Henry R., M.D., Jacksonville, Fla.  
 Streets, Jacob G., M.D., Bridgeton, N. J.  
 Strickler, D. A., M.D., St. Paul, Minn.  
 Strong, T. M., M.D., Macon, Ga.  
 Stull, Ophelia S., M.D., Rochester, N. Y.  
 Stampf, Daniel B., M.D., Buffalo, N. Y.  
 Suffa, George A., M.D., Greenville, R. I.  
 Sutherland, John P., M.D., Boston, Mass.  
 Swormstedt, L. B., M.D., Washington, D. C.  
 Swartz, J. Ross, M.D., Harrisburg, Pa.
- Tafel, A. J., M.D., Philadelphia, Pa.  
 Talbot, I. T., M.D., Boston, Mass.  
 Talbot, Mrs. I. T., Boston, Mass.  
 Talcott, S. H., M.D., Middletown, N. Y.  
 Terry, M. O., M.D., Utica, N. Y.  
 Thomas, Amos R., M.D., Philadelphia, Pa.  
 Thomas, Charles H., M.D., Baltimore, Md.  
 Thomas, C. M., M.D., Philadelphia, Pa.  
 Thompson, L. M., M.D., Philadelphia, Pa.  
 Thompson, M. M., M.D., Chicago, Ill.  
 Thompson Wm. Ladd, M.D., Augusta, Me.  
 Tillotson, Wm. C., M.D., Lindonville, Vt.  
 Tindall, Van R., M.D., Philadelphia, Pa.  
 Townsend, Irving, M.D., New York, N. Y.  
 Townsend, W. H., M.D., Germantown, Pa.  
 Tucker, G., M.D., Northfield, Minn.  
 Tydeman, Dr. W. W., Knoxville, Tenn.

\* Senior member.

Ullery, Arthur O., M.D., Niles, Mich.

Van Artsdalen, C., M.D., Ashbourne, Pa.

Van Baun, Wm. W., M.D., Philadelphia, Pa.

Van Denberg, M. W., M.D., Ft. Edward, N. Y.

Van Deusen, S. H., M.D., Philadelphia, Pa.

Van Lennep, W. B., M.D., Philadelphia, Pa.

Van Norman, H. B., M.D., Cleveland, O.

Vischer, Carl V., M.D., Philadelphia, Pa.

Von Villers, Alex., M.D., Dresden, Saxony.

Waggoner, G. W., M.D., Corry, Pa.

Walker, M. M., M.D., Philadelphia, Pa.

Walrad, Caleb B., M.D., Johnstown, N. Y.

Wanstall, Alfred, M.D., Baltimore, Md.

Ward, John D., M.D., Philadelphia, Pa.

Ward, John M'E., M.D., Philadelphia, Pa.

Ware, H. B., M.D., Scranton, Pa.

Warren, J. K., M.D., Worcester, Mass.

Weaver, Chandler, M.D., Foxchase, Pa.

\*Webster, Wm., M.D., Dayton, Ohio.

Weirick, C. A., M.D., Marseilles, Ill.

Wickert, Victor W., M.D., Perkasia, Pa.

Wilbur, Bertrand K., M.D., Phila., Pa.

Wilcox, Dewitt G., M.D., Buffalo, N. Y.

\*Wilder, L. de V., M.D., New York, N. Y.

Willard, L. H., M.D., Allegheny City, Pa.

Williams, F. E., M.D., Haddonfield, N. J.

Williams, Frank H., M.D., Trenton, N. J.

Williamson, A. P., M.D., Fergus Falls, Minn.

Williamson, M. S., M.D., Philadelphia, Pa.

Wilson, Daniel A., M.D., Norristown, Pa.

Wilson, G. H., M.D., Meriden, Conn.

Wilson, J. H., M.D., Bellefontaine, O.

Witzel, J. R., M.D., Tacony, Pa.

Whipple, A. A., M.D., Quincy, Ill.

Whitmarsh, H. A., M.D., Providence, R. I.

Whittier, D. B., M.D., Fitchburg, Mass.

Wood, James C., M.D., Ann Arbor, Mich.

Woodward, A. W., M.D., Chicago, Ill.

Woodward, George, M.D., Camden, N. J.

Worcester, G. W., M.D., Newburyport, Mass.

Wright, A. R. M.D., Buffalo, N. Y.

Wright, G. H., M.D., Washington, D. C.

Wyman, E. L., M.D., Manchester Centre, Vt.

Yocom, Charles A., M.D., Pottstown, Pa.

Yoder, Daniel, M.D., Catasqua, Pa.

Youngman, M. D., M.D., Atlantic City, N. J.

There were present 494 members and delegates from the different States and Countries, as follows:

Alabama, . . . . .	1	Maryland, . . . . .	17
Arkansas, . . . . .	1	Massachusetts, . . . . .	35
California, . . . . .	2	Michigan, . . . . .	6
Colorado, . . . . .	3	Minnesota, . . . . .	9
Canada, . . . . .	1	Missouri, . . . . .	4
Connecticut, . . . . .	11	Nebraska, . . . . .	2
District of Columbia, . . . . .	16	New Hampshire, . . . . .	2
Delaware, . . . . .	5	New Jersey, . . . . .	40
England, . . . . .	1	New York, . . . . .	77
Florida, . . . . .	1	North Dakota, . . . . .	1
Georgia, . . . . .	2	Ohio, . . . . .	35
Germany, . . . . .	1	Pennsylvania, . . . . .	145
Illinois, . . . . .	31	Rhode Island, . . . . .	7
Indiana, . . . . .	6	Spain, . . . . .	1
Iowa, . . . . .	8	Tennessee, . . . . .	2
Kansas, . . . . .	1	Texas, . . . . .	1
Kentucky, . . . . .	2	Vermont, . . . . .	3
Louisiana, . . . . .	4	West Virginia, . . . . .	1
Maine, . . . . .	3	Wisconsin, . . . . .	5
Manitoba, . . . . .	1		

\* Senior member.

## VISITORS IN ATTENDANCE.

- Acley, Charles F., Atlantic City, N. J.  
 Adams, Mrs. C. B., New Haven, Conn.  
 Adams, Mrs. J., Atlantic City, N. J.  
 Adams, Miss Jessie, Atlantic City, N. J.  
 Aikman, James, Atlantic City, N. J.  
 Aikman, R., Atlantic City, N. J.  
 Aikman, Rev. William, Atlantic City, N. J.  
 Aikman, Mrs. William, Atlantic City, N. J.  
 Akers, Mrs. Albert, Baltimore, Md.  
 Aldman, H. D., Philadelphia, Pa.  
 Aldrich, Mrs. A. B., Springfield, Mass.  
 Allen, Arthur G., Philadelphia, Pa.  
 Allen, Mrs. Arthur G., Philadelphia, Pa.  
 Allen, Mrs. Charles, Washington, D. C.  
 Allen, Mrs. Henry C., Chicago, Ill.  
 Allen John S., New York, N. Y.  
 Allen, Mrs. Rich. C., Philadelphia, Pa.  
 Allen, Wm., H., Philadelphia, Pa.  
 Amale, Miss Rena, Atlantic City, N. J.  
 Anderson, Miss S. B., Atlantic City, N. J.  
 Andrews, John T., Atlantic City, N. J.  
 Andrews, Miss Lillie, Atlantic City, N. J.  
 Arcularius, Mrs. P. E., New York, N. Y.  
 Aull, Mrs. C. H., Pittsburgh, Pa.  
 Avery, Miss Minnie, Baltimore, Md.  
 Becherach, I., Atlantic City, N. J.  
 Bailey, Mrs. A. W., Atlantic City, N. J.  
 Bailey, Miss S. L., Atlantic City, N. J.  
 Baker, Charles S., Chicago, Ill.  
 Baldwin, Mrs. Aaron, Washington, D. C.  
 Baldwin, Miss Carrie, Atlantic City, N. J.  
 Baldwin, Miss Minnie, Atlantic City, N. J.  
 Barnitz, Charles, Middletown, O.  
 Barnitz, Mrs. Charles, Middletown, O.  
 Barnitz, Miss Nellie, Middletown, O.  
 Barstow, Miss Nettie, Atlantic City, N. J.  
 Bartlett, Miss, Atlantic City, N. J.  
 Bartlett, Mrs. Clarence, Philadelphia, Pa.  
 Bartlett, Elwood I., Atlantic City, N. J.  
 Bartlett, H. S., Philadelphia, Pa.  
 Bartlett, Lewis S., Atlantic City, N. J.  
 Bartlett, Will, Atlantic City, N. J.  
 Barton, Miss Josephine, Atlantic City N. J.  
 Baxter, Mrs. H. H., Cleveland, O.  
 Beckwith, Miss Daisy, Orange, N. J.  
 Beckwith, Mrs. D. H., Cleveland, O.  
 Beebe, Mrs., Baltimore, Md.  
 Beebe, Mrs. M. F., Bridgeport, Conn.  
 Belin, Miss, Philadelphia, Pa.  
 Benson, John C., Atlantic City, N. J.  
 Berman, Mrs., Atlantic City, N. J.  
 Bingaman, Mrs. C. F., Pittsburgh, Pa.  
 Bird, John H., East Orange, N. J.  
 Bissell, Miss M. S., New York, N. Y.  
 Boarman, Mrs. C. B., Washington, D. C.  
 Bokee, Miss Jennie, Baltimore, Md.  
 Bossell, J., Atlantic City, N. J.  
 Boswell, Mrs. S. L., Germantown, Pa.  
 Bowie, Miss Margaret, Uniontown, Pa.  
 Bowman, Mrs. Dr., Duluth, Minn.  
 Bowman, Mrs. F. C., Duluth, Minn.  
 Boyer, Gouve H., Pottsville, Pa.  
 Bradley, J. J., New York, N. Y.  
 Braine, L. S., New York, N. Y.  
 Brinton, Miss Laura, Paoli, Pa.  
 Brooke, Miss Beatie, Philadelphia, Pa.  
 Brooke, George, Philadelphia, Pa.  
 Brown, Mrs. Edward V., Tarrytown, N. Y.  
 Browning, William J., Camden, N. J.  
 Buckley, Louis W., Philadelphia, Pa.  
 Buckley, Mrs. L. W., Philadelphia, Pa.  
 Budlong, Mrs. John C., Providence, R. I.  
 Bunting, Miss E. F., New York, N. Y.  
 Bunting, Miss Louise, New York, N. Y.  
 Bunting, Mrs. L. F., New York, N. Y.  
 Burnham, Miss Florence, Denver, Col.  
 Burnham, Mrs. N. G., Denver, Col.  
 Burroughs, Hon. M., Kalamazoo, Mich.  
 Burroughs, Mrs., Kalamazoo, Mich.  
 Calloway, Miss Mamie, Baltimore, Md.  
 Campbell, Mrs. M. H., Troy, N. Y.  
 Candee, Miss M. A., Milwaukee, Wis.

- Carlisle, Miss Bonnie, Atlantic City, N. J.  
 Carlisle, Miss Mamie, Atlantic City, N. J.  
 Carpenter, Miss Flora, Oberlin, O.  
 Champney, Henry T., New York, N. Y.  
 Charalier, Mrs. J. D., New York, N. Y.  
 Chatterton, C. F., New York, N. Y.  
 Chisholm, Mrs. S. S., Chicago, Ill.  
 Clapp, Mrs. J. Wilkinson, Boston, Mass.  
 Clark, Mrs. Byron G., New York, N. Y.  
 Cobb, Rev. John C., Atlantic City, N. J.  
 Cochran, Will, Atlantic City, N. J.  
 Cole, Miss Florence, Flushing, N. Y.  
 Conkle, Miss Stella, Salem, O.  
 Cook, Mrs. Harry, Atlantic City, N. J.  
 Cooling, B., Philadelphia, Pa.  
 Cooper, H., Allegheny City, Pa.  
 Cooper, Mrs. Peter, Wilmington, Del.  
 Corbitt, Miss Fannie, Washington, D. C.  
 Corbitt, Miss Nellie, Washington, D. C.  
 Corn, Abram, Baltimore, Md.  
 Cornelius, Miss Ella B., Philadelphia, Pa.  
 Cornelius, Mrs. R. W. B., Philadelphia, Pa.  
 Corson, Walter, Atlantic City, N. J.  
 Cox, J. W., Boston, Mass.  
 Coyle, H., Atlantic City, N. J.  
 Crawford, Mrs. A. K., Chicago, Ill.  
 Crosby, Mrs. G. W., Atlantic City, N. J.  
 Cross, Rev. Thomas, Atlantic City, N. J.  
 Curtis, Henry S., Cleveland, Ohio.  
 Curtis, Mrs. H. S., Cleveland, Ohio.  
 Cunningham, Wm., Washington, D. C.  
 Custis, Miss Catharine, Washington, D. C.  
 Custis, Horace, Washington, D. C.  
 Custis, J. B. Gregg, Jr., Washington, D. C.  
 Custis, Mrs. J. B. Gregg, Washington, D. C.  
 Daffs, Miss Laura, Philadelphia, Pa.  
 Dake, Mrs. Benj. F., Pittsburgh, Pa.  
 Dake, Miss Daisy, Pittsburgh, Pa.  
 Dake, Frank, Pittsburgh, Pa.  
 Danforth, Mrs. L. L., New York, N. Y.  
 Davis, Miss Mary, Philadelphia, Pa.  
 Dickson, Miss Mamie, Atlantic City, N. J.  
 Divine, D. Caroline, Atlantic City, N. J.  
 Divine, Clement M., Philadelphia, Pa.  
 Doliber, W. H., Boston, Mass.  
 Donnelly, Joseph, Atlantic City, N. J.  
 Doughten, Miss Mary, Germantown, Pa.  
 Downs, E. M., Atlantic City, N. J.  
 Downs, Miss Laura, Atlantic City, N. J.  
 Downs, Miss Mamie, Atlantic City, N. J.  
 Doyle, Miss Kate, Philadelphia, Pa.  
 Dudley, Mrs. Pemberton, Philadelphia, Pa.  
 Dudley, Perry Hall, Philadelphia, Pa.  
 Duncan, Mrs. T. C., Chicago, Ill.  
 Dunlop, Miss Estelle, Philadelphia, Pa.  
 Dunn, Mrs. W. A., Chicago, Ill.  
 Dunning, Mrs. Lydia B., Philadelphia, Pa.  
 Dwinnell, Miss Gussie, Baltimore, Md.  
 Dwinnell, Mrs., Baltimore, Md.  
 Edmundson, Frank, Pittsburgh, Pa.  
 Edmundson, Walter, Pittsburgh, Pa.  
 Edmundson, Mrs. W. F., Pittsburgh, Pa.  
 Eisenbach, Mrs. D., York, Pa.  
 Elder, Miss Emily, Atlantic City, N. J.  
 Elder, Miss Julia, Atlantic City, N. J.  
 Endicott, Allen B., Atlantic City, N. J.  
 Endicott, Mrs. A. B., Atlantic City, N. J.  
 Ereckson, Miss Edith, Baltimore, Md.  
 Evans, Charles, Atlantic City, N. J.  
 Evans, Edward, Atlantic City, N. J.  
 Evans, Miss Emma, Atlantic City, N. J.  
 Evans, Miss Iua, Atlantic City, N. J.  
 Fager, Mrs. C. B., Harrisburg, Pa.  
 Farnsworth, Mrs. C. H., E. Cambridge, Mass.  
 Fareiro, Mrs., Philadelphia, Pa.  
 Fasken, Mrs. Theodore, Baltimore, Md.  
 Fickel, Mrs. J. G., Carlisle, Pa.  
 Field, Miss Rose, Wellsboro, Pa.  
 Field, Mrs. T. B., Wellsboro, Pa.  
 Fergus, Rev. S. F., Bellwood, Pa.  
 Forbes, Mrs. Geo. F., West Brookfield, Mass.  
 Forneas, Miss Laura, Philadelphia, Pa.  
 Forneas, Mrs. E., Philadelphia, Pa.  
 Foss, Mrs. David, Newburyport, Mass.  
 Fowler, Miss Belle, Philadelphia, Pa.  
 Fowler, Miss Mamie, Philadelphia, Pa.  
 Frazer, Miss Lizzie, Philadelphia, Pa.  
 Frisbie, Miss Helen, Sandusky, O.  
 Fry, Miss Mamie G., Atlantic City, N. J.  
 Fulton, Mrs. H. W., Pittsburgh, Pa.  
 Garnett, Mrs. Emily, Philadelphia, Pa.  
 Garnett, Walter, Atlantic City, N. J.  
 Gentry, Mrs. W. D., Chicago, Ill.  
 Gillas, Miss Grace, Detroit, Mich.  
 Gillas, William, Detroit, Mich.  
 Gilchrist, Miss Nellie, Woodbine, Iowa.  
 Gilchrist, Mrs. J. G., Iowa City, Iowa.  
 Gill, Mrs. J. C., Philadelphia, Pa.  
 Gillett, J. B., Philadelphia, Pa.

Goldsmith, Edward, Washington, D. C.  
 Good, J. A., New York, N. Y.  
 Gould, Aaron P., Canton, O.  
 Gray, Mrs., Washington, D. C.  
 Gready, Miss, Philadelphia, Pa.  
 Gready, Miss L., Philadelphia, Pa.  
 Green, Mrs. Geo. A., Atlantic City, N. J.  
 Griscom, Mrs. R. C., Atlantic City, N. J.  
 Grove, Anna E., Hanover, Pa.  
 Guinsbury, Miss Pauline, New York, N. Y.

Hall, H. O., Washington, D. C.  
 Hall, Mrs. Robert, Providence, R. I.  
 Hamill, Miss Emily, Atlantic City, N. J.  
 Hanchett, Mrs. A. P., Council Bluffs, Ia.  
 Hancock, Mrs. Joseph, Philadelphia, Pa.  
 Hand, Mrs. George F., Binghamton, N. Y.  
 Harman, Charles, New York, N. Y.  
 Harpel, Mrs. Ettie F., Philadelphia, Pa.  
 Harrington, Miss Ethel, Atlantic City, N. J.  
 Hart, G. W., Philadelphia, Pa.  
 Hasbrouck, Mrs. Everett, Brooklyn, N. Y.  
 Hawk, Miss Lena, Philadelphia, Pa.  
 Hayea, D., Bellefonte, Pa.  
 Hayea, Mrs. D., Bellefonte, Pa.  
 Hedges, Mrs. S. P., Chicago, Ill.  
 Hickman, Miss Maud, Atlantic City, N. J.  
 Higbee, Mrs. Chester G., St. Paul, Minn.  
 Higbee, Paul A., Minneapolis, Minn.  
 Hill, Miss Jessie, Atlantic City, N. J.  
 Hinkle, Mrs., Atlantic City, N. J.  
 Hinson, Mrs. Jacob M., Merchantville, N. J.  
 Hoag, Mrs. Clitus S., Bridgeport, Conn.  
 Hobart, Mrs. Henry M., Chicago, Ill.  
 Hockerauser, Miss Emily, Philada., Pa.  
 Holcombe, Mrs. Wm. H., New Orleans, La.  
 Hood, Miss Ella, Atlantic City, N. J.  
 Hood, Mrs. R., Atlantic City, N. J.  
 Hood, William, Atlantic City, N. J.  
 Hooper, Mrs. E. C., Atlantic City, N. J.  
 Hooper, W. G., Atlantic City, N. J.  
 Homer, Miss Madeline, Boston, Mass.  
 Horner, Mrs. J. R., Allegheny City, Pa.  
 Houghton, Mrs. E. K., Lexington, Mass.  
 Houghton, Miss Marjery, Lexington, Mass.  
 Houghton, Randall, Lexington, Mass.  
 House, Mrs. R. B., Springfield, O.  
 Howard, Mrs. E. H., Atlantic City, N. J.  
 Howard, Mrs. E. M., Camden, N. J.  
 Howell, C. H. S., Philadelphia, Pa.  
 Howell, Robert W., Wilmington, Del.

Hubbard, Mrs. C. H., Atlantic City, N. J.  
 Hughes, Miss, Philadelphia, Pa.  
 Hughes, Mrs., Philadelphia, Pa.

Idler, Miss Maude, Atlantic City, N. J.  
 Ireland, Mrs. Helen A., Tarrytown, N. Y.  
 Ivins, Mrs. Horace F., Philadelphia, Pa.

Jackson, Mrs. E. R., Dubuque, Ia.  
 James, Mrs. J. E., Philadelphia, Pa.  
 Johnson, George B., Philadelphia, Pa.  
 Johnson, Joseph P., Hightstown, N. J.  
 Johnson, Mrs. Jos. P., Hightstown, N. J.  
 Judson, H. H., Stratford, Conn.

Kahn, F., Baltimore, Md.  
 Kahn, Mrs. F., Baltimore, Md.  
 Kameron, Julius, Atlantic City, N. J.  
 Karsner, Mrs. Daniel, Philadelphia, Pa.  
 Kay, Miss F. L., Philadelphia, Pa.  
 Kennedy, Robert, Jr., New York, N. Y.  
 Kern, H. G., Philadelphia, Pa.  
 Kern, Mrs. H. G., Philadelphia, Pa.  
 Kessler, J. M., Philadelphia, Pa.  
 Kessler, Mrs. J. M., Philadelphia, Pa.  
 King, Mrs. W. R., Washington, D. C.  
 Kinne, Miss May, Paterson, N. J.  
 Kitson, Mrs. E. A., N. Bridgeton, Me.  
 Kittinger, Mrs. L. A., Wilmington, Del.  
 Knight, Mr., Atlantic City, N. J.  
 Knight, Mrs., Atlantic City, N. J.  
 Knight, Miss Florence, Atlantic City, N. J.  
 Knaurer, Arthur, Atlantic City, N. J.  
 Koch, Charles, Erie, Pa.  
 Koch, Miss E. A., Erie, Pa.  
 Kruser, George C., Philadelphia, Pa.

Lande, Mr., Media, Pa.  
 Lane, G. E., New York, N. Y.  
 Leape, Miss Laura, Clarksborough, N. J.  
 Lee, Edward S., Atlantic City, N. J.  
 Lee, Mrs. E. S., Atlantic City, N. J.  
 Lentz, William, Philadelphia, Pa.  
 Lentz, Mrs. William, Philadelphia, Pa.  
 Levering, Miss Mary, Philadelphia, Pa.  
 Lewis, Mrs. F. Parke, Buffalo, F. S.  
 Lloyd, Miss Mary C., Pittsburgh, Pa.  
 Lloyd, Thomas B., Pittsburgh, Pa.  
 Lukens, Harry H., Wilmington, Del.  
 Lukens, Mrs. Helen M., Wilmington, Del.  
 Lukens, Mrs. J. Paul, Wilmington, Del.  
 Lungren, Mrs. S. S., Toledo, O.



- MacMullen, George W., New York, N. Y.  
 Maddux, Mrs. E. H., Chester, Pa.  
 Malin, Mrs. Wm. H., Chestnut Hill, Phila.  
 Marchand, C. H., New York, N. Y.  
 Marvel, Joseph, Atlantic City, N. J.  
 Marvel, Philip, Atlantic City, N. J.  
 Marvel, Mrs. Philip, Atlantic City, N. J.  
 Mason, Mrs. W. F., Denver, Colo.  
 Matthews, Miss Belle, Pittsburgh, Pa.  
 Maxwell, Samuel B., Philadelphia, Pa.  
 McAllister, Mrs., Atlantic City, N. J.  
 McCaw, Miss Annie, Knoxville, Tenn.  
 McClelland, Miss M. W. P., Pittsburgh, Pa.  
 McCurdy, Miss Belle, Chester, Pa.  
 McDermott, Mrs. Geo. C., Cincinnati, O.  
 McGrath, Mrs. John, Philadelphia, Pa.  
 McIlvaine, Miss E., Atlantic City, N. J.  
 McNeir, George, Minneapolis Minn.  
 McNeir, Mrs. George, Minneapolis, Minn.  
 Mehler, Mrs. Amy, Atlantic City, N. J.  
 Melcher, Mrs. Wm. H., Philadelphia, Pa.  
 Mercer, Mrs. E. M., Chester, Pa.  
 Messier, Miss, Atlantic City, N. J.  
 Messier, Miss Alice, Atlantic City, N. J.  
 Mills, Alfred, Morristown, N. J.  
 Miller, John, Baltimore, Md.  
 Miller, Thomas J., Philadelphia, Pa.  
 Mitchell, Mrs. H. E., Warren, Pa.  
 Mitchell, Mrs. Mary, Washington, D. C.  
 Moffley, Robert, Atlantic City, N. J.  
 Morris, John W., New York, N. Y.  
 Morrow, Miss Edna, Pittsburgh, Pa.  
 Mullikin, Cecil, Baltimore, Md.  
 Munson, Mrs. M. L., Atlantic City, N. J.  
 Musser, Rev. Cyrus, Pittsburgh, Pa.  
 Musser, Mrs. Cyrus, Pittsburgh, Pa.
- Nagley, F. M., Philadelphia, Pa.  
 Neil, Mrs. H., Erie, Pa.  
 Nelson, John, Pittsburgh, Pa.  
 Nelson, S., Pittsburgh, Pa.  
 Nelson, Mrs. S., Pittsburgh, Pa.  
 Nesbitt, Robert, Philadelphia, Pa.  
 Neville, Mrs. W. H. H., Philadelphia, Pa.  
 Newburger, Frank, Philadelphia, Pa.  
 Newell, Thomas, Atlantic City, N. J.  
 Newell, Mrs. Thomas, Atlantic City, N. J.  
 Nichols, Miss Edith, Cincinnati, O.  
 Nichols, Mrs. George, Brooklyn, N. Y.  
 Norton, Mrs. Arthur B., New York, N. Y.  
 Nunes, A. E., Philadelphia, Pa.  
 Nunes, Miss Flora, Philadelphia, Pa.
- Nunes Miss Ida, Philadelphia, Pa.  
 Nunes, Miss M. C., Philadelphia, Pa.
- O'Dea, Miss Kate M., Philadelphia, Pa.  
 O'Dea, Miss Maggie, Philadelphia, Pa.  
 Ogle, Howard, Wilmington, Del.  
 Ogle, Mrs. Howard, Wilmington, Del.  
 Oglesby, Wm., Hanover, Pa.  
 Olds, Mrs. M. A., Philadelphia, Pa.  
 Olmstead, Mrs. A. F., Green Bay, Wis.  
 Ostrander, Miss Marie, Atlantic City, N. J.  
 Owen, Miss Nellie E., Merion, Ia.  
 Owen, Samuel, New York, N. Y.
- Palmer, Lewis R., Philadelphia, Pa.  
 Parker, Miss L. M., Cincinnati, O.  
 Parker, Mrs. T. E. Woodbury, N. J.  
 Parsons, Mrs. R. M. Traer, Ia.  
 Parsons, Mrs. S. B., St. Louis, Mo.  
 Pauly, Mrs. C. A., Cincinnati, O.  
 Parsons, Frank, Philadelphia, Pa.  
 Pearson, Mrs. Frank, Philadelphia, Pa.  
 Perkins, Mrs. Sarah E., Chester, Pa.  
 Perry, Rev. J. E., Waverly, Pa.  
 Phillips, A. H., Atlantic City, N. J.  
 Pickett, Miss, Baltimore, Md.  
 Pollard, William M., Atlantic City, N. J.  
 Pollard, Mrs. W. M., Atlantic City, N. J.  
 Pollock, Miss Mary, Atlantic City, N. J.  
 Porter, Mrs. Sarah, Atlantic City, N. J.  
 Price, Mrs. Eldridge C., Baltimore, Md.  
 Price, Lewis, Philadelphia, Pa.  
 Price, William M., Philadelphia, Pa.  
 Price, Mrs. Wm. M., Philadelphia, Pa.
- Radcliffe, Mrs. Percy, Washington, D. C.  
 Ralston, Mrs. Robert, Pittsburgh, Pa.  
 Reed, Boardman, Atlantic City, N. J.  
 Reed, Miss Ella, Atlantic City, N. J.  
 Reily, Mrs., Atlantic City, N. J.  
 Richards, P. C., New York, N. Y.  
 Richardson, D. D., Xenia, O.  
 Richardson, Mrs. F. C., Boston, Mass.  
 Riehle, Mrs. Philadelphia, Pa.  
 Ricken, Miss Ida, Milwaukee, Wis.  
 Roberts, Mrs. C. W., Washington, D. C.  
 Roberts, Robert B., Indianapolis, Ind.  
 Roberts, Miss S. E., Camden, N. J.  
 Rockwell, H. B., Philadelphia, Pa.  
 Rockwell, Mrs. H. B., Philadelphia, Pa.  
 Rodgers, Mrs. L. D., Atlantic City, N. J.  
 Rodgers, Miss May, Atlantic City, N. J.

Roff, Miss A. E., Newark, N. J.  
 Rubel, M., Chicago, Ill.  
 Rush, Mrs. B. B., Salem, Ohio.  
 Rutter, William, Atlantic City, N. J.  
 Rutter, Mrs. William, Atlantic City, N. J.

Sanders, Miss Albina, Cleveland, O.  
 Sanford, Miss Kittie, Bridgeport, Conn.  
 Sawyer, Mrs. C. E., La Rue, O.  
 Schloendorn, F. W., Baltimore, Md.  
 Schneider, Mrs. N., Cleveland, O.  
 Schoyer, William, Pittsburgh, Pa.  
 Schoyer, Mrs. William, Pittsburgh, Pa.  
 Schultz, Mrs. Henry, Philadelphia, Pa.  
 Scull, Miss Florence, Atlantic City, N. J.  
 Scull, Henry D., Atlantic City, N. J.  
 Scull, Mrs. H. D., Atlantic City, N. J.  
 Scull, H. S., Atlantic City, N. J.  
 Scull, Mrs. H. S., Atlantic City, N. J.  
 Segall, Stanley, Baltimore, Md.  
 Segall, Mrs. W. B., Baltimore, Md.  
 Seltzer, W. J., Philadelphia, Pa.  
 Seltzer, Mrs. W. J., Philadelphia, Pa.  
 Sharp, Miss Ida, Cleveland, O.  
 Sherman, Miss Gertrude, Milwaukee, Wis.  
 Sherman, Miss Leta, Milwaukee, Wis.  
 Sherman, Lewis, Jr., Milwaukee, Wis.  
 Sherman, Miss Nellie, Milwaukee, Wis.  
 Sherwood, Hubert, Warren, O.  
 Sherwood, Mrs. H. A., Warren, O.  
 Shreve, Mrs. Joseph, Burlington, N. J.  
 Shreve, Mrs. J. G., Atlantic City, N. J.  
 Shriber, F. W., Philadelphia, Pa.  
 Simpson, Miss E., Philadelphia, Pa.  
 Sinclair, C.  
 Skelsinch, Mr., Philadelphia, Pa.  
 Small, J. Frank, York, Pa.  
 Smiles, Edw'd M., New York, N. Y.  
 Smiles, Mrs. Edward M., New York, N. Y.  
 Smith, Andrew, Atlantic City, N. J.  
 Smith, Miss Helen Paige, Chicago, Ill.  
 Smith, James, Atlantic City, N. J.  
 Smith, Miss Lizzie, Philadelphia, Pa.  
 Smith, Mrs. T. H., Philadelphia, Pa.  
 Snyder, Mrs. L. A., Ashland, Pa.  
 Somers, Joseph, Somers Point, N. J.  
 Souder, Charles F., Philadelphia, Pa.  
 Souder, F. R., Atlantic City, N. J.  
 Souder, Mrs. F. R., Atlantic City, N. J.  
 Spear, Mrs., Philadelphia, Pa.  
 Stanley, Miss Clara, Atlantic City, N. J.  
 Stark, Mrs. C. E., Norwich, Conn.

Stark, Miss Eva, Norwich, Conn.  
 Starr, Mrs. Samuel, Chester, Pa.  
 Stearns, Mrs. S. S., Washington, D. C.  
 Stemple, Rev. Isaac, Atlantic City, N. J.  
 Stenger, Miss Bessie, Philadelphia, Pa.  
 Stetser, Miss, Atlantic City, N. J.  
 Streets, Mrs. Jacob G., Bridgeton, N. J.  
 Strong, Mrs. T. M., Macon, Ga.  
 Stuart, Miss Lizzie, Atlantic City, N. J.

Talman, Mrs. H. E., Shelbourne Falls,  
 Mass.  
 Teitjen, Harry, Atlantic City, N. J.  
 Teitjen, Mrs. Harry, Atlantic City, N. J.  
 Terry, Mr., Philadelphia, Pa.  
 Thomas, Mrs. Alida, Atlantic City, N. J.  
 Thompson, Griswold A., Asbury Park, N. J.  
 Thompson, Joseph, Atlantic City, N. J.  
 Thompson, P. H., New York, N. Y.  
 Thompson, Phil. H., Asbury Park, N. J.  
 Thompson, W. P., Chicago, Ill.  
 Thornton, Miss Addie, Philadelphia, Pa.  
 Thornton, Miss J. D., Philadelphia, Pa.  
 Thornton, Miss N., Philadelphia, Pa.  
 Tiers, Mrs. Mary, Washington, D. C.  
 Turner, James C., Philadelphia, Pa.  
 Turner, Miss Tillie, Atlantic City, N. J.  
 Turner, William, Philadelphia, Pa.  
 Tydeman, Miss Emily, Knoxville, Tenn.

Upham, Warren, Atlantic City, N. J.  
 Upham, Mrs. Warren, Atlantic City, N. J.

Valentine, A. S., Atlantic City, N. J.  
 Valentine, Mrs. A. S., Atlantic City, N. J.  
 Valentine, Charles, Seattle, Wash.  
 Valentine, Edward, Atlantic City, N. J.  
 Valentine, Mrs., Nebraska.  
 Van Baun, Miss Sallie, Philadelphia, Pa.  
 Van Lennep, Mrs. W. B., Philadelphia, Pa.  
 Van Wie, D. D., Indianapolis, Ind.  
 Veatch, Mrs., Atlantic City, N. J.  
 Virden, Miss Edith, Media, Pa.

Walker, Mrs. M. M., Philadelphia, Pa.  
 Walsieffer, J. H., Atlantic City, N. J.  
 Walsh, Miss Minnie, Washington, D. C.  
 Walter, Mrs., Baltimore, Md.  
 Waples, Mrs. Erdine, La Rue, O.  
 Ward, Mrs. J. M' E., Philadelphia, Pa.  
 Warren, Miss Alice, Worcester, Mass.  
 Warwick, Miss Laura, Atlantic City, N. J.

**... INSTITUTE OF HOMOEOPATHY.**

Williams, Mrs. F. E., Haddonfield, N. J.  
Williams, Miss Mary, Atlantic City, N. J.  
Williamson, Miss Hettie, Media, Pa.  
Williamson, Miss Mary, Media, Pa.  
Williamson, Talcot, Fergus Falls, Minn.  
Wilson, Mrs. C. H., Mason City, Ia.  
Wilson, Emory, Bellefontaine, O.  
Wilson, Mrs. G. H., Meriden, Conn.  
Wilson, Mrs. J. H., Bellefontaine, O.  
Wilson, Miss Lequista, Bellefontaine, O.  
Wood, Miss Belle, Wilmington, Del.  
Wood, Mrs. J. C., Ann Arbor, Mich.  
Woodruff, Miss E. D., Knoxville, Ia.  
Wootton, S., Atlantic City, N. J.  
Worcester, Mrs. G. W., Newburyport, Mass.  
Woxan, Miss Anna, York, Pa.  
Wright, Mrs. E. H., Alexandria, O.  
  
Yard, E. S., Atlantic City, N. J.  
Yard, Mrs. E. S., Atlantic City, N. J.  
Yarnall, E. A., Philadelphia, Pa.  
Young, Mrs. John, Hanover, Pa.  
Young, Mrs. Robert B., Philadelphia, Pa.  
Youngman, Miss Mary G., Atlantic City, N. J.  
Youngman, Mrs. M. D., Atlantic City, N. J.  
Youngs, William S., Chicago, Ill.

**Total number of visitors in attendance, 530.**

### RECAPITULATION.

Members and Delegates in attendance,	. . . . .	494
Visitors in attendance,	. . . . .	530
		<hr/>
Total number in attendance,	. . . . .	1024

# **Report of the Necrologist,**

**HENRY D. PAINE, M.D.,**

**AND**

# **Memorial Service**

**IN HONOR OF**

## **Deceased Members:**

**ADOLPHUS GERSTEL, M.D.**

**DAVID S. SMITH, M.D.**

**GEORGE E. BELCHER, M.D.**

**THOS. W. DONOVAN, M.D.**

**GEORGE W. BARNES, M.D.**

**HERMAN H. HOFMANN, M.D.**

**LIVERUS B. HAWLEY, M.D.**

**JOHN M. PARKS, M.D.**

**BERNARD BERENS, M.D.**

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**ALFRED I. SAWYER, M.D.**

**WILLIAM P. CROSS, M.D.**

**EDWIN H. HURD, M.D.**

**WILLIAM S. GEE, M.D.**

**CHARLES M. DINSMOOR, M.D.**

**WILLIS DANFORTH, M.D.**

**GEORGE S. NORTON, M.D.**

**THOMAS NICHOL, M.D.**

**PETER A. GORDON, M.D.**

**F. W. VAN ALSTYNE, M.D.**

**HENRY A. BROWN, M.D.**

**HORATIO ROBINSON, JR., M.D.**

**WILLIAM OWENS, JR., M.D.**



## **Memorial Notices of Deceased Members.**

BY HENRY D. PAINE, M.D., NECROLOGIST, NUTLEY, N. J.

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### **ADOLPHUS GERSTEL, M.D.**

VIENNA, AUSTRIA.

Dr. Gerstel was elected an honorary member of the Institute at Philadelphia, in 1876. He was a contemporary with Hering, and was one of the earliest disciples of Hahnemann, and treated at Prague, the Asiatic cholera in 1831 homœopathically. He was associated with the early homœopathists of Austria, and suffered with them in the persecutions by the Government. He took an active part in the renowned Austrian Provers' Union, and contributed to the literature of our school in many ways. Several reports were presented from him to the World's Homœopathic Convention, in 1876.

He died in August last, but the circumstances attending the event have not been communicated.

### **DAVID S. SMITH, M.D.**

CHICAGO, ILL.

Few men were more generally known and loved by the members of the Institute, old and young, than Dr. David Shephard Smith. Wherever its sessions were held, far or near, his lively step was almost always among the foremost to enter the hall and his cheerful face spread sunshine upon the assembly. He was a Senior of early date, but was ever a regular attendant, and ready to take his part in its transactions, never being absent except from sickness. The report of his demise has deeply stirred the hearts of his fellow-members with a sense of more than usual sadness.

He was born in Camden, N. J., April 28, 1816. His father, Isaac Smith, was an enterprising and respected resident of that place. Both parents were distinguished for great force of character. To his mother's judicious training he attributed in a great degree his moral and intellectual bent. From an early age he had a strong inclination for the study of medicine. At seventeen he entered the office of Dr. Isaac S. Mulford, a highly-respected physician of Camden, as a student. After a three years' attendance at the Jefferson Medical College, in Philadelphia, he graduated in 1836.

Casting about for an eligible field for the exercise of his vocation, he visited the new and opening regions of the great West. There was a small town in the wilderness, conveniently placed on the shore of a great lake, and exhibiting to his interested eye the indications of future growth and prosperity. He decided to pitch his tabernacle there and "grow up with the country" in the now great city of Chicago. His sanguine anticipations of the capabilities and destiny of the town have been more than justified by its history—and his own.

After an absence of ten (?) years he visited his birthplace in New Jersey. This proved to be an event of great importance in his life. His happy marriage with Miss Rebecca Dennis, of Salem, N. J., and his first acquaintance with the novel system of homœopathy were circumstances worthy of record that belong to that year.

He became deeply interested in the subject of the new medical doctrine, and in order to satisfy his curiosity and to judge of its claims, he purchased all the books he could find relating thereto. On his return from the East he retired for a time, with his homœopathic books, to Joliet, where he applied himself assiduously to their study and examination. He does not appear to have acquired for some time entire confidence in the new method, for he continued to practice according to his accustomed manner, but with diminishing satisfaction. The serious illness of his own child and its prompt reaction after the application of the new remedies went far to establish his faith in the system. In 1843 he made another visit to the East and became acquainted with some of the disciples and practitioners of homœopathy, bought more books, and on his return home brought with him a confirmed and abiding acceptance of the Hahnemannian law, which he began then to adopt fully in his treatment of the sick. He was the pioneer of the system west of the Lakes.

No man could be better calculated to inspire a favorable reception of the reform by the public. His ardent enthusiasm and the general esteem in which he was generally held disposed people to favorably regard the doctor's conversion. The system grew rapidly in popular demand, until other homœopathic practitioners were required to share and relieve the excessive labors of Dr. Smith. The impetus which the spread of homœopathy thus and then received in Chicago and throughout the West has kept pace with the wonderful growth of the population.

Dr. Smith was one of the early members of the American Institute of Homœopathy. He joined in 1846, two years after the formation of this first national medical society, and has continued one of its most earnest, attentive, useful and, as all will agree, genial associates. He has served in various official positions therein—treasurer, secretary and president, as well as an efficient and influential component of innumerable committees and bureaus.

In 1854, so strong was the demand for well-educated homœopathic practitioners in the West, that bold steps were taken to establish a medical college in Chicago. With the aid of the late President Lincoln and Thomas Hoyne, a charter for the Hahnemann Medical College was obtained from the legislature of Illinois. The importance of this educational institution to the West may be estimated from the fact that its graduates have been nearly 2000. Of the college which he assisted so largely in rearing he was president for many years, ably serving also as professor in one of its most important chairs in the early stage of its existence. In the interest of harmony he resigned the presidency at one time, but was subsequently re-elected and remained in the position till his death. His library was donated to the institution. To the Hahnemann Hospital, of Chicago, he made considerable contributions at different times.

He took a fostering interest in all measures and institutions for the maintenance and promotion of homœopathy, in several of which he held official positions.

He was a man of strong and deep religious convictions, and was connected with the Methodist Episcopal Church. In all the relations of life his sterling integrity and unflinching uprightness was combined with a broad, cheerful nature and a spirit of free and impulsive generosity.



It is pleasant to add to this brief summary that he was prospered in his affairs. His wisely-selected investments in Chicago real estate returned to him an ample and reliable income, which he enjoyed and liberally used for many years.

He has left a widow and two married daughters, one the wife of Major F. F. Whitehead, U. S. A., the other Mrs. J. L. Ely, of New York.

### GEORGE E. BELCHER, M.D.

NEW YORK.

To the surviving veterans of this Institute, as well as to many of a later affiliation, the death of Dr. Belcher is felt as a personal grief. Engaged for many years in an active practice—one of the largest in the city of New York—he exhibited those characteristics which render a physician honored and beloved not only by his patients, but by the profession at large. For many years a Senior of the Institute, and formerly a frequent attendant at its sessions, his robust form and his intelligent and friendly face were familiar to us all.

He was a doctor by heredity. Three generations of his parental ancestry have practiced the healing art. His grandfather served as surgeon in the Revolutionary war. His father was a practitioner of eminence, in New York, for many years. From childhood he was brought up in a professional atmosphere and grew familiar with the routine of a doctor's life, for which he considered himself destined.

He was born in Portchester, N. Y., February 7, 1818. His education was carefully directed. His classical course in the University of the City of New York was interrupted before its completion, the apprehended failure of his father's health rendering it desirable that he should not delay the commencement of his medical studies. He accordingly matriculated at the College of Physicians and Surgeons in 1836, and graduated in 1839.

The period of his studentship was one of considerable excitement in regard to the rising system of homœopathy. The epidemics of Asiatic cholera in New York in 1832 and 1834, in which the homœopathic treatment by the few early converts to that school had demonstrated its superior efficiency, had aroused a remarkable

interest in the public mind. A number of medical men of standing and ability were led to investigate the merits and principles of the new system. Indignation and opposition were also awakened on the part of the dominant school, which threatened to crush out the growing heresy and check its progress. Controversy ran high, strong language was used, and efforts were made to ostracise physicians who were known or suspected of a disposition to favor the new method.

Young Belcher became interested in the controversy, and from the writer's remembrance of sundry conversations with him while together attending the old Crosby Street College, he was disposed to favor the homœopathic side, at least so far as to blame the repressive course of the old-school leaders.

We have no knowledge as to when he made the critical examination which led him finally to adopt the doctrine of Hahnemann as his guiding rule of treatment. It was probably a gradual process, but in a few years after his graduation he was an avowed disciple and practitioner of homœopathy. In 1846 he joined the American Institute, and has continued a consistent, earnest and influential advocate of the reform.

He began his practice as an assistant to his father, with a zeal and discretion that won the confidence of all. His manner was modest and unobtrusive, but in giving his opinion, or advice, there was a firmness and decision that impressed and assured. For more than twenty years after his father's death, his practice was large and extensive and his labors continuous and arduous. At length, he began to suffer from occasional attacks of asthma which interrupted his usual active exertions for the time. From these attacks, however severe, his recovery was often surprisingly rapid, when he would resume his customary duties with the same enthusiasm as ever. Later on, these interruptions became more frequent and prolonged, and the effects upon his vigorous constitution more evident. When obliged to lie by, he began to plan for a sea voyage as soon as he was sufficiently recovered. He made many such voyages which were usually beneficial in reviving and strengthening him, and enabled him to resume his duties with accustomed diligence.

For the latter part of his professional career, his business, though still very large, was more select and less exacting than formerly. In view of his liability to attacks of illness, he learned to favor himself

a little and avoid exposure, but his energetic nature always kept him busy when not actually disabled.

During the last fall he seemed surprisingly well and showed much of his accustomed vigor, but towards the end of October, after being occupied one chilly, stormy day, in attendance on the sick, he came home chilled and exhausted. When called to dinner he was found sitting in his library, unconscious, with a high fever and breathing with great difficulty. Pleuro-pneumonia developed itself, which pursued its course for several days; but with subsidence of the pneumonia there was a return of his old enemy, the asthma, which however was not severe, though it obliged him to sit up. On the evening of November 1, 1890, he quietly, without a struggle or moan passed away. Dr. Wetmore, and his associate, Dr. Nott, were constant and faithful in their attendance during the entire attack.

He had been so long a familiar figure, so genial and cheering in his intercourse with all who came within his influence, that his death was felt as a personal loss by all who knew him. The affection and esteem universally yielded to his admirable character were exhibited by the immense crowd that gathered at his funeral.

The County Homœopathic Society held a special meeting in expression of the honor in which he was held by his colleagues. On this occasion, resolutions recognizing the highest estimation of his character and life were adopted, and addresses of eulogy were pronounced by his mourning associates.

## THOMAS W. DONOVAN, M.D.

NEW BRIGHTON, N. Y.

The following tribute to the memory of this venerable Senior of the Institute has been contributed by his lifelong friend and neighbor, Geo. Wm. Curtis, of Staten Island, whose intimate acquaintance with Dr. Donovan enables him to give an outline of his life more accurate and appreciative than could be obtained from any other source.

The long, beneficent and blameless life of Dr. Donovan among us merits a more distinct recognition than it has received, for citizens so upright and faithfully devoted to well-doing as he are the

real riches of every community. His life, like that of most physicians in constant practice, was eventless, or, more truly, it was one long event of skilful and unostentatious relief of suffering. "The good physician" is a familiar phrase, but never was its highest significance more completely or more modestly illustrated than by Dr. Donovan.

Had he lived until the 28th of January, 1891, he would have been eighty-two years old, for it was in 1809 that he was born in Baltimore, Maryland. He was classically educated in New York, and there also studied medicine with Dr. John W. Francis and Professor Bush. Old New Yorkers recall Dr. Francis as one of the conspicuous figures in the city fifty years ago. He was a pupil and subsequent partner of Dr. Hosack, and had studied in London with the famous Dr. Abernethy, whose eccentricities of manner seemed somewhat to have affected Dr. Francis, who had the highest sense of professional dignity, which pleasantly asserted itself in his appearance and conduct. He was a most cheery and affable gentleman, and his volume of reminiscences of New York is indispensable to the student of the city in the earlier part of the century.

Dr. Donovan received his professional degree in 1831, and at once engaged in practice. He was especially active during the epidemic of cholera in 1835, and in the same year was called to a chair in the Willoughby University, in Ohio, where he remained until 1838, when he returned to New York. In the next year, 1839, he was summoned to Washington as examiner in the chemical and art department of the Patent Office, where he passed upon the Morse telegraph system and many of Ericsson's improvements in propellers.

His constancy and industry in this service in the climate of Washington impaired his health, and he resigned in 1844—all the more willingly, perhaps, as his professional interest and studies had led him to prefer the homœopathic principle of medical practice, and he was anxious to resume his professional career. The next year, 1845, he came to Staten Island to reside, and here he remained in active practice until his death, on the 9th of September, 1890.

Dr. Donovan was as resolute a disciple of the new school as his teacher, Dr. Francis, was of the old school. Dr. Francis, indeed, was so typical a practitioner that he was often dubbed Sangrado by those who recoiled from the lancet and the cup. Dr. Donovan was equally confident in the other system, and many years ago when a

Staten Islander asked Dr. Gray, who was then the head of the homœopathic practice in New York, if there was a trusty physician of that practice on the island, Dr. Gray answered, "Yes, Dr. Donovan, one of the most accomplished physicians in the country, but a high dilutionist." Dr. Donovan was the pioneer of that practice upon the island.

He was a man of great personal dignity and of a stately courtesy of manner, blended with the utmost simplicity of nature and absolute integrity. An untiring student of disease as well as of books, he had an extraordinary acuteness of diagnosis and a personal interest and care in treatment which made his patients his friends. Nothing diverted his devotion to his sacred trust, for such he felt his profession to be, and so singularly free was he from mercenary impulse that his life was sometimes straitened by his carelessness of fees. His professional life, indeed, as we have said, was one long act of self-sacrificing beneficence, and nothing could have been more true and happy than the remark of one of his young patients when she heard of his death: "God took him without pain, for he has so long relieved the pain of so many sufferers."

With all his quiet professional absorption, however, Dr. Donovan took an active interest in public affairs, upon which he was extremely well informed, and he was always ready for a bout of difference with a convalescing patient. But his habit was gentle and retiring, and his devoted life kept the noiseless tenor of its way.

With his eminent ability and his great accomplishments, his modesty was supreme, and by many who saw only the grave and striking figure of the physician upon his daily professional tour the essential superiority of the man was wholly unknown. The life of every such man must be largely solitary, and when it is ended it presents itself to memory with tender pathos. But it is pleasant to know that Dr. Donovan's last years, attended by affectionate filial solicitude and care, were probably the happiest of his life; and there are many households in this community to which his coming was a ministry of succor and sympathy which were sorely bereaved by his death, and which will cherish his memory as that of one of the most faithful of friends and most guileless of men. G. W. C.

## JOHN M. PARKS, M.D.

FRANKLIN, O.

Dr. Parks was born in Warren county, O., January 29, 1810. He died in Franklin, O., May 1, 1890, in the eighty-first year of his age. He graduated in medicine from the Ohio Medical College in 1838.

He practiced his profession, according to the allopathic system, in Mount Pleasant, Oxford, and St. Mary's, in Ohio, from 1838 to 1845. In the latter year he removed to Cincinnati. While practicing in that city he became interested in the homœopathic system, partly from the reading of some books loaned to him by Dr. William H. Peck, and partly by some experimental trials which he ventured to make in his treatment, at first giving his patients the option of method. Proceeding in this cautious way, he gradually became confirmed in his conviction as to the superior claims of homœopathy, and about 1848 he openly professed his entire conversion to the new school, and changed his practice accordingly.

He established the first homœopathic pharmacy in Cincinnati, which continued under his direction during his residence in that city. In 1860 he removed to Hamilton, in the adjoining county of Butler, but continuing an interest in the pharmacy in Cincinnati. While in Hamilton he was appointed to the charge of the Butler County Infirmary for two years, the first homœopathic physician who had held the appointment.

The opposition, excited by the old-school doctors of the county, was so violent that, notwithstanding the favorable result of the change in the rate of mortality, he could not succeed in retaining the position. During his two years of service the death-rate was 2 per cent. less than it had ever been before. In 1887, the Infirmary was again placed in the hands of a homœopathic superintendent.

Dr. Parks has been a thorough-going disciple of the Hahnemannian system, and has illustrated his faith by a faithful adherence to its methods. He has been a member of the Montgomery County Homœopathic Society from its organization, and has contributed various papers on practical subjects, but has never published anything. While the contest for the superintendency of the Butler County Infirmary was in progress, he vigorously and successfully

fought the battle against the allopathic contestants, for the second time, in the local papers. In 1886, he was Health Officer of the city of Hamilton.

He became a member of the Institute in 1853.

After the death of his wife, in 1888, he removed to Franklin, O., where two of his sons are in business. Although advanced in years, he retained a great deal of vigor, both bodily and mentally, continuing to practice when required until near the close of his life. He was an ardent Mason; an elder in the Presbyterian Church, earnest and devout; a diligent Bible student; a total abstainer from ardent spirits and tobacco.

### HERMAN H. HOFMANN, M.D.

PITTSBURGH, PA.

H. H. Hofmann, M.D., was born in Roetha, a town of about 15,000 inhabitants, near Leipsic, Germany, on December 21, 1821, his father being a physician of that town. When he was about 14 years old his father died and left a large family in very moderate circumstances. Of this family, six were sons, all of whom followed in the footsteps of their father and became physicians.

Herman, the fourth of the sons, after completing his common-school education, entered the Gymnasium of St. Thomas (corresponding here to a literary college). After finishing here, he received his medical education at the University of Leipsic, and came to the United States in 1849.

Although he had seen the application of the principles of homœopathy in Leipsic, he was not convinced as to its truth. After coming to Pittsburgh, he was induced to investigate homœopathy by Dr. Reichhelm, the first homœopathic physician west of the Allegheny mountains.

The success of this school of practice in the treatment of cholera, in 1849, finally convinced him, and he became a firm adherent to it.

Appreciating the need of a homœopathic hospital, he, with Dr. M. Coté and Dr. J. C. Burgher, in 1866, purchased a building, and soon after the Homœopathic Hospital of Pittsburgh was incorporated.

For over ten years before his death he was not actively engaged in hospital work, but held an honorary position on the staff. He was one of the original members of the Homœopathic Medical Society of Allegheny County, and of the Homœopathic Medical Society of Pennsylvania.

Thirteen years ago an epithelioma showed itself on the forehead, and, although the progress was at first slow, it became more rapid as time went on, so that two years ago he was compelled to relinquish the practice of medicine altogether.

For six months before he died he was confined to his room, and the end came April 4, 1891.

## LIVERUS B. HAWLEY, M.D.

PHOENIXVILLE, PA.

The subject of this sketch was born in Delaware county, New York, August 22, 1828, his English ancestor having emigrated to America and settled at New Milford, Conn., in 1726. Our subject received a common school education, and at the age of 20 entered the U. S. Army and served during the war with Mexico. At the battle of Molino del Rey he was seriously wounded, and was shortly afterwards honorably discharged from the military service. This was in 1848. Returning home he resumed his general studies, and in 1848 entered the office of Drs. Green and Stone, in Otsego county, to pursue the study of medicine. It was at this time that he became a convert to homœopathy, and accordingly received his medical degree at the Homœopathic Medical College of Pennsylvania in 1853. He began practice at Delhi, Delaware county, New York, and became the pioneer of homœopathy in that county. In 1855 he removed to Phoenixville, Chester county, Pa., thence, in 1863, to Waverly, N. Y., and in 1872 returned to Phoenixville at the request of many of his former patrons.

In 1853 Dr. Hawley was married to Miss Stone, the sister of his former preceptor. She died two years later, leaving him one child. In 1872 he married Miss S. S. Richardson, of Otsego county, New York.

Dr. Hawley was a member of his local, state and national socie-



ties. He joined the Institute in 1858. He was a remarkably unassuming man, and in his professional relations, his devotion to the interests of his patients and his success as a prescriber, secured him a large circle of warm friends.

In January, 1890, Dr. Hawley was attacked with "la grippe" during the epidemic prevalence of that disease in his locality. He incautiously returned to his active duties before entire recovery had been secured, and thus contracted pneumonia, from which he died, March 20, 1890, in the sixty-second year of his age. The Homœopathic Medical Society of Chester, Delaware and Montgomery counties, of which he was an honored member, adopted a series of resolutions eulogistic of the deceased, which were published in the medical journals of May and June of the same year.

### ALFRED ISAAC SAWYER, M.D.

MONROE, MICH.

Two years ago, at Minnetonka Beach, Dr. Sawyer was elected president of the American Institute of Homœopathy. His persistent and useful services in the interests of homœopathy, the intelligent zeal and prudent judgment that had conquered determined antagonism, were recognized in the choice by this society of their presiding officer. A general satisfaction was felt at the appointment. He was then in vigorous health and in the full activity of his faculties; but before the time arrived for the exercise of his official powers his health was seriously affected, so that he was unable to assume the duties of the presidency.

After a time he partially recovered, but retired altogether from medical practice and sought rest and recuperation in his home. Eight or nine months ago he suffered a slight attack of apoplexy, the apparent effects of which soon passed away. On the 7th of May last, while quietly taking a meal, he was seized with a violent turn of sneezing. Raising his hand to his head, he complained of severe pain, and directly became unconscious; in less than half an hour he expired. So has died one of the most earnest and influential member of our Institute, and the profession has lost a useful and honored representative.

Dr. Sawyer was born in Lyme, Huron county, Ohio, October 31, 1827. He studied medicine with Dr. John Tift, of Norwalk, Ohio,

and Dr. D. H. Beckwith, now a Senior of the Institute, and graduated from the Homœopathic College in Cleveland, Ohio, in 1854. He subsequently, in 1856-7, attended a course of lectures in the medical department of the University of New York, with the object of perfecting himself in surgery, especially ophthalmic surgery.

For three or four years he practiced in Zanesville and Marietta, Ohio, but in 1857 removed to Monroe, Mich., where he continued for the rest of his life, doing a large and lucrative business as a general practitioner, devoting, at the same time, much attention to surgery.

During his whole professional career he was a busy man, not only in the prosecution of his daily duties to the sick and suffering, but as a leader and laborer in affairs of general interest. He was three times mayor of his city; he was an enthusiastic Mason and rose to high rank in the Order. He was much interested in educational matters, especially as connected with the training for medical honors. The great work of his life was the long and untiring struggle that he made in behalf of homœopathy in the University of Michigan, which, after many years, resulted in complete success. The claim for the recognition of homœopathy in the University was contested by the opposing party with the utmost determination and vehemence, and apparently would have failed but for the persistent urgency of Dr. Sawyer.

He was president of the Michigan State Homœopathic Society for several years, and connected with various other medical societies and institutions; wherever he could give a helping hand to the cause, he could be relied upon. He was elected a member of this Institute about fifteen years ago; he was elected its delegate to the International Homœopathic Congress which met in London in 1881, and, as already stated, was elected to its presidency in 1889.

In politics he was a Democrat, and as such was nominated Presidential Elector in 1876. In religion he was a sincere and devout Episcopalian, and at his death was a warden of that church in Monroe. He had many times been a delegate to the church conventions.

His funeral was largely attended, and the general regret and esteem at his loss was testified in various affecting ways.

Dr. Sawyer married, in 1857, Miss Sarah G. Toll, who survives him; also a son and daughter.

## GEORGE S. NORTON, M.D.

NEW YORK.

Dr. Norton was born December 8, 1851, in Great Barrington, Mass. His early education was received at the public schools and academies of Berkshire county; his advanced course at Dartmouth College, N. H. In 1869 he matriculated at the New York Homœopathic Medical College and followed the full course of instruction there provided, with exemplary diligence and faithfulness, at the same time serving as apothecary to the Ophthalmic Hospital. He became deeply interested in this department and made a special study of diseases of the eye. He graduated in medicine in 1872 and then applied his energies to a thorough training for the specialty for which he had already shown so strong a predilection. He exhibited so remarkable an aptness that he soon received the appointment of assistant surgeon in the Ophthalmic Hospital, associated with Dr. T. F. Allen, the chief of the staff.

In 1875 he was promoted as full surgeon; and in 1883, when only 32 years of age, he was made one of the senior surgeons and, in 1888, a member of the Board of Directors. While serving diligently in the clinics of the institution, he took his share in the system of instruction therein established, and was so acceptable as a teacher that upon the death of Dr. Liebold, Professor of Clinical Ophthalmology in the Homœopathic Medical College, Dr. Norton was elected, in 1886, to the vacant chair. In all these positions he fulfilled the duties with a punctuality and thoroughness that characterized his engagements. He was also appointed on the staff of the Ward's Island Charity Hospital and to the Laura Franklin Free Hospital for Children, in both cases with special reference to the treatment of diseases of the eye.

He was a member of the State and County Medical Societies, of the American Institute of Homœopathy, and of the Ophthalmic and Otological Society, of which he was also president one year. In all these institutions, and others to which he belonged, he was not satisfied with an inactive participation, but contributed frequently by his experience to their advantage and usefulness.

His death after but twenty years of professional work, and while in the full tide of usefulness and honor, was the termination of a

sudden attack of pneumonia, and occurred January 31st. of the present year. His physical constitution was not strong. For several years his labors were exacting and arduous, and often, no doubt, were in excess of his endurance. So it came about that after an exhausting service in office, college and hospital he was prostrated by the fatal sickness to which he succumbed in a few days.

A special meeting of the Homœopathic Medical Society of the County of New York, of which he had just completed his term as president, was held on the 25th of February in commemoration of Dr. Norton. Beside the adoption of appropriate resolutions, addresses were made by Drs. Houghton, Boynton, Deady, Nott and Allen, descriptive of his life and expressive of the high estimate in which his unusual merits were held by those who were most familiar with them. From the remarks made on that occasion, the foregoing details have been derived, and from them many evidences of his professional ability and his high personal character might be drawn. As a teacher, his style was clear, accurate and systematic; in diagnosis, he was remarkably correct; as a surgeon, his success was surprising. The completeness and care which he gave to the preparation of every case was a marked characteristic.

His abilities as a writer were shown in his frequent contributions to the medical press and to the transactions of the societies with which he was connected. The *Therapeutics of Ophthalmology*, a well-known text-book, was compiled by him in conjunction with Dr. Allen; but when a second edition was needed, the work was recast and enlarged by Dr. Norton. Its merits are recognized by all who are interested in ophthalmological study. As editor, he conducted the *Journal of Ophthalmology, Otology and Laryngology* with signal success.

As a prescriber, and in the use of medicines, he was a careful disciple of the homœopathic law.

In all the relations of life the temper of his mind, his benevolence and earnest religious character were recognized by those who were most intimate with him.

He was married, in 1875, to Miss Kate Graham, of New York, who, with two children, survives him.

## WILLIAM P. CROSS, M.D.

SOUTH BOSTON, MASS.

William Plumer Cross was born in Sanbornton, N. H., July 4, 1816. His education was the best that could be obtained in the schools of his vicinity. His persistent application and inquisitive mind supplied the lack of opportunities, and he was remarkable even in childhood for his intelligence and studious habits. At eighteen he became interested in military affairs and gradually rose to the command of a regiment. He was a total abstainer from intoxicating drinks and induced his men to abandon the then universal custom of being "treated" by their commanding officers. While still a young man he held the position of magistrate in his county. For a time he engaged in business with an elder brother, but subsequently sought a broader field in the West.

He had already become interested in medical studies and decided to choose the healing art for his profession. After the required preparation he commenced practice as an allopathist in Wisconsin and afterwards removed to Springfield, Mass. When he adopted the principles of homœopathy he saw the advantage of a knowledge of the German language—many of the text-books not yet being translated—and by diligent study acquired a familiarity with its medical literature. He graduated in 1853 from the Homœopathic Medical College of Cleveland, Ohio.

In 1857 Dr. Cross removed from Springfield to South Boston, and twenty years ago built the house in which he died. He prospered in his business and in a few years acquired a competency which enabled him to retire from active practice and lead a quiet life. Although largely relieved from the labors and responsibility of professional duty, he was by no means an idle or uninterested member of the community. He was active as a public citizen, and in many ways took a part in works of benevolence and charity. He was a sincere member of the Methodist Church, a Free Mason and an Odd Fellow. He not infrequently aided pecuniarily young men struggling for the medical profession. He took much interest in politics and was always a staunch Democrat.

He became a member of the American Institute of Homœopathy in 1869, and was also connected with the homœopathic societies of

his State and county and other scientific organizations. By his will he left a legacy of ten thousand dollars to the Boston Homœopathic Hospital.

In 1844 he married Ann W. Forrest, of Canterbury. Of his three children, one only survives, Grace E. Cross, M.D., who is a graduate of the Boston University School of Medicine.

His death occurred September 11, 1890, after many months of sickness, from consumption.

His funeral was a great gathering of sorrowing people of all ranks. Eulogistic remarks were made by the clergy who conducted the service, and great numbers of flowers were distributed upon and around the coffin.

## EDWIN H. HURD, M.D.

ROCHESTER, N. Y.

Dr. Hurd was born in Dutchess county, N. Y., in 1825. His father, Curtiss J. Hurd, practiced medicine over fifty years in Sharon, Conn., and Dutchess county, N. Y., and served as a surgeon in the war of 1812. Two brothers, George F. and Darwin E., also were physicians.

Dr. Edwin H. Hurd was admitted in the schools of Dutchess and Onondago counties, and commenced the study of medicine with his brother, and subsequently entered the office of Dr. M. L. Lea, of Fulton, Oswego county. In 1844 he attended the medical department of Geneva University, from which institution he graduated in 1847. He then practiced medicine as an old-school physician for two years in Caledonia, N. Y., when he removed to Rochester, embraced homœopathy, and for several years was associated with the late Dr. M. M. Matthews, the leading homœopathic physician in Western New York. In 1882 he formed a partnership with Dr. H. M. Dayfoot, which relation was continued until the time of his death.

He was a member of the County, State and National Societies. He was for one year Vice-President of the State Society and for three years President of the County Society. He joined the American Institute of Homœopathy in 1873. He was consulting physi-

cian to the Rochester Homœopathic Hospital, and always held a lively interest in the welfare of that institution.

At the time of his death Dr. Hurd was the oldest homœopathic physician in Rochester, and that he was one of the most popular and successful his large and devoted clientage fully attested. He was a natural physician, seeming to grasp intuitively the diagnosis and indications for treatment. He possessed in an eminent degree those essentials for the medical man—sound judgment and good common-sense. His pride was to keep abreast of the times in medical matters, and midnight often found him absorbed in the pages of his favorite journals. He was a man of sterling integrity, and his private life was unimpeachable. To sum it all up, he was a devoted husband, a loving father, a warm and trusty friend, a genial associate, a safe counsellor and a skilled and faithful physician.

His sympathetic and kindly nature endeared him to his patients, to whom his name will ever be a blessed memory.

For many years he had belonged to the Masonic fraternity, being a member of Cyrene Commandery, No. 39.

His death was caused from epithelioma of the tongue, the first symptoms of which were noticed in September, 1890, and notwithstanding medical and surgical treatment, and all the care that loving and devoted hearts could bestow, the disease advanced remorselessly to its fatal termination on May 15, 1891, at the age of sixty-four years.

Resolutions expressive of sympathy were adopted by the staff of the Rochester Homœopathic Hospital and the Monroe County Homœopathic Medical Society.

His wife and four daughters are amongst the many who mourn his loss.

### THOMAS NICHOL, M.D.

MONTREAL, CANADA.

Dr. Nichol was born in Edinburgh, Scotland, April 26, 1831. He studied medicine under Dr. Alexander T. Bull, of Montreal, and in attendance upon the Homœopathic College of Pennsylvania from 1854 to 1857. He received his diploma in February, 1857.

He practiced at Chatham, Simcoe and Belleville, in Ontario, but in 1860 settled in Montreal, where he upheld the standard of homœ-

opathy with a determination and courage worthy of all praise. He maintained his position, notwithstanding much opposition, and by various publications insisted upon keeping it before the people. He issued a series of Tracts on Homœopathy and many papers of a popular character. In 1885 he published a work on *Diseases of the Larynx and Trachea in Children* and contributed many clinical papers to the medical journals.

He received the degree of LL.D. from Victoria University, Ontario, and that of B.C.L. from McGill University, Montreal—in both cases after examinations.

He is reported to have died June 14, 1890, but no particulars have been received.

### FRANK W. VAN ALSTYNE, M.D.

WEST TROY, N. Y.

Dr. Van Alstyne was born at Chatham Centre, Columbia county, N. Y., August 3, 1863. He was educated at Fort Plain Institute, and graduated in medicine from the New York Homœopathic Medical College in 1886.

He commenced the practice of his profession in the city of Troy, but soon removed to West Troy, on the west side of the Hudson river, where he soon became popular and rapidly gained the confidence of the community as an attentive and successful practitioner. He took a warm interest in the affairs of the profession, and was a member of the local homœopathic societies and of the American Institute of Homœopathy.

The fair prospect of extended usefulness and increasing prosperity was cut short, after a residence of three years, by an attack of typhoid fever—which was then fatally prevalent as an epidemic in the vicinity—on the 23d of December, 1890, at the early age of twenty-seven. His wife died of the same disease a few days later.

#### DISCUSSION.

The following is the report of the addresses delivered during the Memorial Service:

REV. THOMAS BAILEY, D.D.: In searching for some appropriate portion of the Sacred Volume for reading this evening, I turned to



the words of one who was considered the wisest among men. We have them before us in this chapter; the summary of his wisdom seems to be here concentrated in these few words.

The more we know, the more we see of our ignorance; the further we advance along the path of knowledge, the more we realize how much there is yet to be gained. One of our learned men has said, "I seem to be like a child standing on the seashore, who has gathered a few shining pebbles or handfuls of glittering sand, while the great unexplored waste of waters lies outstretched beyond."

We are like men standing upon a ladder. Some have taken only the first step, others have advanced a little further; but Oh, how distant the top seems to be! Every step brings us nearer the goal, but it only tells us *our work is without end*. We behold former mistakes, and advancement reveals them the more clearly.

But the difficulties we have to contend with must not deter us from the pursuit of any branch of knowledge; the very dangers we meet should nerve us to renewed exertion.

Mathematicians tell us that it is possible to draw two lines upon the same plane which shall gradually approach each other, yet never meet. One of them is a straight line, the other slowly curving toward it. Is yours the straight one?

It is a source of pleasure to a man to think he has made some discovery hitherto unfound, perhaps unthought of, yet, after all, are not our inventions only the application of old forces—old ideas—set at work in a different way?

Is it not so in your chosen profession? How many a step has been taken, how many a brave one has fallen by the way, yet on some brilliant thought left behind another has builded, and from a glimmering spark a glowing light has been kindled!

You have had your great men. Some have passed into the vast beyond. Day after day they are falling around you. Have they lived and toiled in vain?

You meet this evening to do them reverence, and a fitting service it is. We should keep fresh the memory of those whom we have respected and loved in life. But let me ask, have they all filled up their allotted sphere in life? and are you of the present day finishing the work given each one to do? Take heed lest in searching for the height of human knowledge, sight is lost of that superior wisdom which we are told cometh from above, without which all earthly gain will prove but as the glittering sand we see on the shore swept and tossed with each coming or receding wave.

Yes, work is continuous—without end—your work is no exception. If those who have gone before you, have left *their* footprints on the sandy shore, press on, and when you have joined the great company in "the Eternal" may you have left a mark just beyond theirs.

PRESIDENT KINNE, in opening the Memorial service said :

We are assembled at this hour to pay a loving tribute to our dead. We mourn not for them but for ourselves, and we know that in the future blessedness they receive their reward for faithful duty well done. Sorrow is a selfish emotion, and yet it is but right that we should deplore the loss of their counsel, their comfort and their cheer. Some fell at the beginning of the fight ; some went down in the heat of the battle, flushed with varied honors, while others were permitted to see life's sun descending its western hills with the radiance of immortality just before them, and the shadow of a halo about their heads, beautifying their lineaments and subliming their actions. As was said here to-night their gladsome spirits seem almost rehabilitated and we hear their ringing voices as of yore. Their lives, their influences still remain, and we should take up the burdens they laid down, move forward, cheered by their example and emulating their deeds. The roll of death is ever lengthening, and whose name shall next be inscribed there God only knows. It rests with you and me to so live that when our time comes, with a never faltering trust we wrap the drapery of our couch about us and lie down to pleasant dreams.

J. P. DAKE, M.D. : Upon an occasion like this, my friends, I always feel that to speak of the brethren whom death has taken from us in common prose, is too dull and depressing. It seems to me that it is only the fire of the poet and the minstrel that may touch the soul, that may tune the feelings aright. I take pleasure, while it is also a sadness, in speaking of my old and long time friend and fellow senior, Dr. D. S. Smith. Dr. Smith became a convert to homœopathy after he had passed through the schools of old medicine, and after he had located in the city of Chicago and obtained a very respectable clientele. At a time when it was most difficult, at a time when it required a sterling quality of will-power, as well as judgment, in the face of his friends and his associate physicians, he turned to another school of practice very different. Dr. Smith was the first to raise the standard of homœopathy west of the Great Lakes. He was the first in Chicago, and well and loyally he supported that standard year after year, even down to the time of his death. He was not only a man of worth, but he was a man of gentility, for however much he differed from those around him, he never gave offence. He was a kindly man ; his work for the cause has been great. He was one of the founders of the first school we had in Chicago, the Hahnemann, and was its firm supporter through a whole generation. Dr. Smith came into the Institute in 1846, and was present almost invariably at its meetings ; and those of you who were accustomed to meet him, know that there was no one more genial and no one who rejoiced more than he, to meet with his medical brethren. A year ago he was with us at Wankesha, greeting his friends,

and now he has gone to the land of silence. My friends, and especially my young friends in this body, there is a lesson for you in the life of Dr. Smith. It should be an incentive to continue, as he did, faithful in the service of the profession and this national society, that you may be, like him, written upon the shields of the faithful, to be looked at by the profession, as to-day, gathered from all quarters of the globe. Deservingly his name is there and we delight to do honor to his memory. There is one here present who was associated with Dr. Smith, and he may speak of him more properly than I can, with regard to his domestic qualities. I refer to Dr. Leavitt of Chicago.

SHELDON LEAVITT, M.D.: We can scarcely be said to understand the real character of a man until we come to know something of his inner life: his life at home and among his intimate friends. It was my privilege to enjoy something of an intimate acquaintance with our deceased brother for a period of perhaps thirteen or fourteen years, and I rise to-night to tell the Society something of him, to partly put aside, if I may, the curtain, in order that you may see what kind of a man Dr. Smith was: how generous his sensibilities, how noble his impulses, how kind his heart. I want to speak of one particular evidence of his kindness of heart,—his kindness of heart especially to the young practitioner of medicine. Now, in this cold world we run across a good many who will give us the right hand, and bid us Godspeed in our efforts to achieve success. They, upon request, will give us some good counsel and advice. But there are too many, as you know and I know, who shut up their bowels of compassion against the young practitioner as he is struggling in the early part of his practice, who say, by act if not by word, "we bid you welcome, but we can do no more than give encouragement and advice." Dr. Smith was not that kind of a man; he meant what he said when he wished you success. He was always ready to counsel the young practitioner, to encourage him and to aid him. Let me tell what happened in the very early part of my own professional career, without there being any unusual occasion for it. Meeting Dr. Smith one day, he said: "I will be very glad to do anything I can for you." On another occasion he was very particular to tell me: "Now, doctor, if you get into a corner financially, come to me and I will help you out." I felt that was pretty good backing, and that I had a good friend in Dr. Smith. It occurred not very long afterwards that I had occasion to use him,—to test him in this direction. I wanted a little more money than I could command for a certain purpose, which seemed greatly to my interest to accomplish. I therefore went to him and asked him if he would be willing to lend me \$400. He promptly answered: "Yes, and more too." I told him I wanted it for only sixty to ninety days, but he said I could have it as long as I needed it. He let me have the money

without security, and without expecting any security. When the time came around, I could meet the claim, but I wanted the money a little longer. I went to him and said I could pay him, but it would be an accommodation if I could have the money for thirty or sixty days more. His reply was as before,—to keep it as long as I wanted it. What he did to me he did to others. He not only said "God bless you and help you," but "I will bless you and help you." I would feel that I was very ungrateful to keep my seat and decline to let you see something of this noble character, especially in his treatment of young physicians. I saw him a few days before he died, when he could speak only in a whisper, but he was still hoping that he might get to this meeting. I had it in my heart that he might get better, and told him we would meet at Atlantic City. It was his plan to go to Washington and then come here. When I encouraged him he said: "Doctor, you do me good; I want to be there." If it is possible for the departed to be with us in spirit, I am sure Dr. Smith is with us to-night.

And now, my friends, when we see life's fitful fever drawing to a close, may it be ours as peacefully, as quietly, as trustfully to lie down in the arms of eternal rest as did he.

D. H. BECKWITH, M.D.: I thank you, Mr. President, for the privilege of paying tribute to one of the honored dead.

Dr. A. J. Sawyer was a friend of mine from boyhood until the time of his death. His life was always a busy one. When a boy he worked and played and went to district school as all country boys did years ago. At the age of 17, farm-work became irksome, and he longed for a more literary life.

He entered the Norwalk Seminary, where he completed his literary education so far as school-life was concerned. While in the seminary he was persevering in his studies, and by his close application to his books he soon ranked as one of the best scholars in his class.

As a debater, he was sought for by the various clubs of the school. Clear and concise in his remarks, and with the faculty of reasoning from cause to effect, he was popular with his club associates.

After leaving the seminary he entered our office as a medical student, where he remained for three years. Attended lectures at the Cleveland Homœopathic College, and graduated with honors in the year 1854. He then became my associate in the practice of medicine in Marietta, O., it being the oldest settled town in the State and, I venture to say, the most bigoted one. Dr. Sawyer soon secured a large and lucrative practice among the wealthy and literary citizens of the place.

The practice of homœopathy forty years ago in a city where physicians of the new school of medicine had never practiced, and none within one hundred miles of the place, was no easy task for a young

man fresh from the arms of his alma mater. The members of the dominant school of medicine became jealous of his success as a practitioner of medicine, and made bitter attacks upon him.

He was bold and fearless; asserted his professional rights at the bedside, bringing in his physical powers often to sustain his professional honor from the attacks of other physicians. I have seen him in a forcible manner dare them to cross the threshold of his patient's rooms in surgical cases. A severe epidemic of dysentery broke out in Washington county, and Dr. Sawyer's success was so great in this epidemic that it gave him the leading practice in the city and country. One night, after a laborious day's work, he was awakened by the beating of a drum to look out of the window to see himself strung from a telegraph-pole and burning in effigy, with a large duck, from whose mouth were the words "quack, quack!" This little incident made him the more popular doctor. Unfortunately, in a short time, from overwork, he yielded to the disease which was so prevalent in the country and city, and which he had so successfully treated.

His recovery was, slow, long and tedious. He longed for a mother's care and the fresh and invigorating air of Huron county. As soon as he was able to move he left in his brother's arms for the dear old home of his boyhood. As soon as his health permitted he went to the New York University, spent one winter and came to Zanesville, O., and resumed practice in my office. In about a year he became desirous of being nearer his old home and selected Monroe, Mich., as his next field of labor, where he opened an office in the year 1857. He soon found other attractions in Monroe and was married in a short time. He soon became the noted surgeon of Michigan and performed capital operations throughout the State. As a private citizen he was liberal to all improvements and worked for the growth and success of Monroe.

He was elected twice as the Mayor of Monroe and the third nomination Dr. Sawyer refused as the duties of Mayor interfered with his professional business.

His popularity extended throughout his political district and his name was selected as their representative in the Senate at Washington. Not deeming himself qualified for that position, he would not accept the nomination. The spirit which was kindled in Marietta, O., still existed and he soon began a contest against the dominant school of medicine, to secure equal rights in the Michigan University for homœopathy. I need not dwell on that subject for you are all familiar with his great work in that direction. Indefatigably toiling, victory and defeat before him each year, he never faltered, never wavered in the good and great cause that he had espoused, until he saw the flag of Hahnemann wave from the towers of the Michigan University. He was the leader

and director to the homœopathic profession in all legislative work until his mission was accomplished. His name in the homœopathic profession will long be remembered as one who feared no legislative body but boldly advocated the justice of his cause. For several years he was President of the State Medical Society in Michigan.

He was elected President of the American Institute of Homœopathy in the year 1889, an honor most worthily bestowed upon a good and great physician. The last letter I received from him was a request to secure some early statistics that he wished to use in preparing his address, to have been delivered one year ago before the American Institute of Homœopathy. Alas! That address was never completed. Another member of the Institute took the presidential chair and eulogized in a befitting manner the absent president.

E. H. PRATT, M.D.: I love death. As harvest time is more delightful than seedtime, as autumn is grander than springtime, as a sunset is mellow and riper and more glorious to a weary traveler than the beginning of the day, so is fruition in all things marked by a deeper satisfaction than earlier stages of development. Birth is grand; life is grander; but the grandest of all is death, for without death there can be no resurrection. And as the future life is freer and nobler and more satisfactory than the present, so is birth out of this world a sublimer act than birth into it.

Throughout all nature we have an illustration of the great fact that every form of life must quit its habitation of matter, in order that succeeding forms may make use of the débris, and the circles of life pass on in their continuous whirl. This is not only true of the macrocosm, but also of the microcosm. Cast from the great ocean of the unknown upon the shores of time, we find ourselves endowed with the various senses, each of which beckons us on to gratification with the promise of bringing us happiness, which seems to be the object of our being. Inviting spectacles gladden our eyes; sweet sounds delight our ears; delicious odors court our nostrils; savory tastes tickle our palates; delightful sensations of one kind or another all beckon as with the wand of a syren to drink our fill of earth's pleasures.

Thus it is in our first childhood; but as we journey on through youth and prime toward that tottering age when we are once more children, we find that all our loves like earth's other treasures must pass away ere we can make true progress in our being. Slowly and painfully we learn that in seeking our own happiness we simply lose it; that one by one our heart's desires must meet their death in order that out of the débris of their ruin may spring the true essence of all human existence, viz., a life of usefulness to others. Our own loves must die that love to our fellow-men and for our God

may spring into resurrection from the ruins. This is what I mean when I say I love death.

I had the honor two years ago, at the meeting of the American Institute at Lake Minnetonka, Minn., to place in nomination for the executive chair of the Institute, A. I. Sawyer. The effort was an extemporaneous one, but I remember of speaking on that occasion with great earnestness, and so thoroughly did I mean every word which I uttered that the words which I then spoke made an indelible impression on my memory. I remember saying: "This world is a boomerang. We get back from it exactly the same qualities which we throw out into it. When a human being acts from selfish motives and casts out into the world about him words and actions of hatred and animosity, and all other forms of self-love, every word and action reacts upon his own nature, and, as time goes on, and writes the record of his inner life in lines upon his face, the picture of it becomes a painful one to look upon. Such souls shrivel as they live on, and the world is happier at their removal from the stage of life. But if one acts from unselfish motives, seeking the happiness of his fellow-men rather than his own, he may fight, but he will fight for what is right and not for himself; his features become translucent, and through them shines the light of a glorious soul, and the gray hairs which honor such a head are but a halo which is prophetic of a crown which must await him in the hereafter.

"In the deliberations of this great assemblage of medical men, with its exciting debates, its conflicting interests and its complicated questions, its presiding officer should be a man who, first of all, has mastered himself. It needs in its every hour the benediction of a ripe life. As you gaze upon the man whom I now have the honor to present as a candidate for your next President, look into his venerable countenance and see if there can be any question as to the motives which have prompted this man's life. It takes a long lifetime of grand living to win such a countenance. Because he is a warrior and also because he is a peacemaker, because he is great and also because he is grand, because he is a man of brains and also because his heart is fully as large, I take pleasure in nominating for your next President, A. I. Sawyer, of Monroe, Mich."

It is said of Daniel Webster that as he lay upon his dying bed, Mr. Adams was present and desiring to hear him speak once more, remarked to him: "Mr. Webster, I hope you are doing well." Mr. Webster replied: "Sir, I am sorry to say that I am not. I feel that I am the tenant of a house badly shaken by the storms of time. The roof leaks, the windows rattle, the doors creak on their hinges, and my house has become uninhabitable. But the saddest feature in the case, sir, is that I understand that the landlord has positively refused to make any further repairs."

It seems that Dr. Sawyer's time too had nearly come, at the time of that meeting at Minnetonka. His house was already crumbling and falling in upon him. His soul could no longer animate his body, and soon after was compelled to take its flight. I believe that I echo the sentiment of all the members of the American Institute when I say we would not be selfish enough to detain him in that shattered structure which housed him at the time of the nomination, simply for the sake of the benediction which his occupancy of the chair would have been. If our love for him is more than our love for ourselves, we must have been perfectly willing that when his house became uninhabitable he should be permitted to take his departure from it.

My spiritual eyes have never been opened and I have never gazed upon any spiritual scenery; my spiritual ears have never been unstopped and I have never heard spiritual sounds; my inner life has never been unfolded and I have never felt the thrill of spiritual delights; but the evolutions of time in the lower forms of organization as I have witnessed them gives me great faith that our exit from this world is but a birth into a grander one. And if in that world, as I believe, the weary find rest, the good receive their reward, and the higher aspirations of the soul are satisfied, from what I know of A. I. Sawyer, his spirit will rank high in the heavenly host. If he had faults let us forget them. Let his many virtues act as an example for our following, and let us live on in hopes that our lives may be as fruitful of good results in this world, and as prophetic of a still grander career in the next.

L. DEV. WILDER, M.D.: Gentlemen, I suppose the reason that I am called upon to make a few remarks in regard to my friend, Dr. Belcher, is, that those who were best acquainted with him have gone to their homes. I have known Dr. Belcher intimately since 1859. I knew of him even back in 1846, when he first joined the Institute, but not until 1859 did I know him personally. He was a man of character, a gentleman in every respect. In consultation you never had any fear that he would take any advantage of you, or that he would lower you in the opinion of the patient or family. I saw him quite often in consultation. It so happened that our families employed first one and then the other. He was sick some time. He had a large clientele, succeeding his father, who was a physician, and much of his practice fell upon him. He was a friend to every one, but retiring in manner, and rarely said anything unless called upon. He was instant in season and out of season in his duty. Further than that I cannot say much. Others may be able to say more, but it is not necessary for me to add anything to this, although much more might be said in truth.

F. PARK LEWIS, M.D.: I think that I have never realized more than I did on entering this room to-night, what a fleeting thing is



the life which we live in the little span allotted to us in this world. As I look upon the banners hanging around us with the names of Smith and Sawyer, of Franklin and McClatchey—men whom I have known in the intimate fellowship of the Institute for a dozen or fifteen years—the pleasure which these annual meetings bring is tinged with sadness, in that they have gone to “join that choir invisible,” and that here we may never know again the magnetism of their personal presence.

Almost unconsciously, on Tuesday morning, when I came to this room, I looked for the face of my old friend George Norton.

For fifteen years, since I first met him, scarcely a year, I think, has passed without my seeing him at least once, and I learned to know him intimately and well, and with each meeting was left deeper respect, more profound regard for the man and his attributes.

You all knew Dr. Norton as a physician—his clearness of intellect, his accuracy of judgment, his scholarly attainments, his wide knowledge of disease, his readiness of resource were familiar to all his professional friends. I have watched with admiration his skill in diagnosis and in operative technique in the Ophthalmic Hospital. To his judgment all deferred, and his decisions in the most difficult and obscure cases were rarely reversed. This you all know. But I regard it as one of the fortunate things of my life that I knew George Norton as friend—tried and true, and I think that I knew the beauty of his inner life as it was not revealed to all. He was a good man. Too noble was he to feel the petty jealousies and little vexations of a smaller nature; generous to professional rivals, helpful and encouraging to those less skilled and less fortunate than himself. He was of a gentle disposition, having strangely mixed in him rare strength of purpose with frailty of body—a robust intellect and a modest, simple mind.

I say to you that it is with peculiar feelings of sadness that the thought comes over me that I shall never again in this world meet the kindly light of his eye nor feel the warm clasp of his hand. George Norton is dead in the body, but he shall live again “in lives made better by his presence.”

Those whom he met and knew are better for his living, and the effect of his life-work will go on forever.

“Influence is immortal; every word  
A mortal ever spoke or ever heard  
Shall wield its power, however small it be,  
Throughout the countless ages of eternity.”

The beauty and purity of character of George Norton will bear its fruits when he and we shall all have been forgotten, and will live as an inspiration in all that is good and pure and noble.

HAYES C. FRENCH, M.D., of San Francisco, Cal., read the following tribute

## TO GEORGE S. NORTON, M.D.

## 1.

We meet again upon that mystic strand  
That parts the never from the evermore,  
And, groping on the shores of shadowland,  
Seek consolation in bereavement sore.

## 2.

O Death! could we thy full fruition know—  
To finite toil thine infinite reward,  
What songs of joy would drown our tearful woe,  
What heavenly hopes could hours like these afford!

## 3.

We come not here to eulogize the *dead*,  
With tribute to their temples of decay,  
But sainted and immortal souls to wed,  
In lives of glory, to their yesterday.

## 4.

Beloved Friend! around thy spotless name  
Shall cling, to man's remotest memory,  
The hallowed incense of a deathless fame  
And brighter promise of the yet to be.

## 5.

Thou art not dead! We feel again the thrill  
Of thy magnetic touch, and in thine eyes,  
Whose azure depths flash inspiration still,  
We catch a recognition from the skies.

## 6.

The feeble frame, which here thy spirit chained,  
No longer thwarts thy kind and regal soul;  
But, soaring, beaming, blessing, unrestrained,  
Thou find'st in love's infinitude thy goal.

## 7.

Would that our lives in this memorial hour  
Might find the grace of thy fidelity,  
And spirits shackled break the earthly power  
That holds our souls from unison with thee.

## 8.

We would unfold thy virtues one by one,  
As with thy name they throng fond memory,  
And sing them in seraphic voice of song,  
To 'applauding ages of futurity.

## 9.

Thy gospel of untiring gentleness,  
Thy loyalty to truth, whate'er its cost;  
Thy tender sympathy for man's distress,  
Teach us to-night the treasure we have lost.

## 10.

O Death! our tearful eyes still turn to thee,  
 To ask the secret of that painful quest,  
 With which, beneath the wounds of thy decree,  
 We seek in Neor's domain our loved and best.

## 11.

Tell us that God hath stamped his hunger here—  
 A token to our faithless hearts that we  
 Shall meet again where ev'ry doubt and fear  
 Fades in the light of *immortality*.

CHESTER G. HIGBEE, M.D.: I had no idea of speaking for my friend Dr. Danforth until this moment, but I feel that I should be ungrateful to his memory unless I said a few words at least.

I have known him for many years, ever since the time when he went into Hahnemann College. I knew him in his professional life and work, both in the college and private practice. One thing that now occurs to me in connection with his college work is his position in regard to women attending medical colleges with men, and he did not believe they should be physicians. It was characteristic of the man that when he had once made up his mind he tenaciously held to the opinion, and so he opposed this movement, and it was probably one of the reasons for his withdrawal and helping to organize another college.

I need not speak of the success with which he followed his profession in Chicago and Milwaukee. That is well known. Those who were in Milwaukee and Waukesha last year know of his generous hospitality by the preparations he made there for our comfort and pleasure.

But a few months since it was my pleasure to meet him at his home. There, as many know, he was so kind and hospitable that all that brusqueness, that positive manner that we met with outside, was forgotten. His home was delightful.

I can only regret that he was taken away in the flower of his manhood when we might reasonably expect him to go forward with many years of usefulness among us. I can sincerely say that I mourn his death, not only professionally but personally as a friend.

S. R. BECKWITH, M.D.: During this solemn and sacred hour we have heard tender and loving words spoken to the memory of our recent dead. Their nearest and most intimate friends, with emotions of love and sorrow, have told us of a few of the noble attributes that characterized their lives. These affectionate words have renewed our sympathy to those who mourn their loss more intensely than all others, freshened our memory of their true worth, and more permanently fixed in our recollection the worthy example they left us to imitate.

This memorial service brings back to our memory the members

who have departed since the Institute began, who sleep in loved and honored graves by the sea in the East, and in the mountains and valleys of the West. To remind us of our dead, and to renew our respect for their memory, their names were placed upon the shields above and around us.

Brother Seniors, we require no reminder; we knew them all. To-night it seems as if they were with us; we feel their presence, see again their genial faces, and hear their pleasant voices. To us this is a meeting of the returned dead with the living, so vivid is our recollection of the pioneers gone. In the natural course of events we in a short time will only be known by memory of the living; then the dead to whose memory we dedicate this hour will only be recognized in history. The link will soon be broken that connects the emotions of love and respect for our dead to the cold, emotionless written words of record. We cannot be exempt from the fixed course of human existence—to be born, live, die, and soon forgotten. This is all there is of life, nothing more, but the hope, doubt and individual imagery of the unknown to which we cling by a thread of faith, whose strands diverge with belief, to end, we know not where. The most and best of life is for us to so live and do that we leave behind us an affectionate memory of our friends. To be missed and tenderly remembered is all men's desire and hope. To gain or lose this rests with ourselves. It cannot be purchased by display and funeral processions. Monuments and costly tombs are but show places to mark the deposit of human bones.

"Far dearer to us than all the monuments of bronze or stone,  
Is one loving tear falling on our graves, in years to come."

J. C. MORGAN, M.D.: I should feel myself derelict did I let the opportunity pass for speaking a word in memory of Dr. Alfred I. Sawyer. It was my fortune, in 1875, to be thrown into official and personal relations with him, and these relations were more or less maintained up to the time of his death. Some portions of his history have already been briefly presented here, while more of the details are included in the unread portions of the Necrologist's Report. What these may be I know not, and I will venture possibly a repetition of some of the things there said. I wish in the first place to mention the example that Dr. Sawyer's career, particularly with reference to the interests of homœopathy, sets before us here. In the first place he knew the evident power to be obtained for any good cause through the means of personal influence, and he was no stranger to the proper cultivation of that influence. In the ranks of Free Masonry he had acquired the very highest standing, and he never failed to use the opportunity offered in that vast organization for our beloved cause, and the influence was certainly most effective.

Furthermore, he thought it his duty to be an earnest partisan in State as well as local politics, and maintained the claim of purity and large-hearted patriotism for his own side. Here, too, he wielded a vast influence for the cause of homœopathy, especially in the Legislature of Michigan, and he had the good political sense frequently to join hands with men of the opposite party to advance the cause so near his heart. This very judicious and proper use of personal influence for the good of homœopathy was one of his strongest characteristics. To this power, this instinct, was in a large measure due the establishment of that homœopathic department of that great University of Michigan. During my own connection with it, through his official movement, in part, and when walking up State street, in Ann Arbor, I beheld that great dome surmounting the hilltop, I thought what a capstone is this upon a great system of popular education, and again I thought what grand audacity was that which inspired Sawyer and his colleagues to plant upon that dome the victorious flag of homœopathy! I say audacity—for it was nothing less than audacious to beard the lion in his den—to essay the conquest of this, the very citadel of the old school. It was grandly done. They never dreamed that their right was doubtful or their success uncertain. For twenty years he battled, and at last he won. In the older States conservatism still prevails as before, but in the newer the example of Michigan has been repeated again and again. Let me say to our young men, follow Sawyer's example, you of the younger States especially, and like success shall be yours.

Dr. Sawyer was throughout a grand man. A member of the Protestant Episcopal Church and a sustainer of Christian institutions, a man of pure conversation and a *chevalier sans peur et sans reproche*; able, of cordial manners, of honest heart; never actuated by any motive that was not noble and true; hospitable, kind, but ever in earnest. The American Institute made him its president. He became, more than ever, the shining mark—death sought him and he has fallen. To-night we register his virtues and pay tribute to his memory—the memory of one whom we loved, with whom we have hoped, counseled, acted, but whose chair is vacant and whose voice is stilled. Rest in peace!

THOMAS FRANKLIN SMITH, M.D.: Fellow-members of the Institute; as we gather here this evening to render a tribute of respect to those of our deceased brethren who have been called away from our midst during the last year, my mind dwells especially upon two of those who were among the most prominent of our number, and for whom my own heart went out in feelings of love and affection. First and foremost stood our venerable and much loved friend and brother, Dr. David S. Smith, of Chicago. For many years past we have been accustomed to see his honored face among us, and it seems very strange not to meet him here at our gathering this year. But

his accustomed place is vacant, and we are called upon to render a tribute to his memory. I do not desire to speak of him as a physician, as I will leave that to those who knew him as such better than I did, but I desire to speak of him as a man, as a friend whom I had known and esteemed for many years. He was one of those persons who was strong in his loves and attachments, and to those whom he honored with his friendship he never allowed anything to come between them and himself so long as they proved themselves worthy of his love and confidence. It had been my custom for several years past to reserve badge No. 1 for him, and it always seemed to please him to think that I remembered him in that way, and he frequently spoke of it. Well do I remember the strong grasp of his hand and the loving words that he spoke to me as we parted at Waukesha last year: "Well, good-bye, Franklin, I am glad to have met you once more, and I trust, if the good Lord spares my life, to meet you next year at Atlantic City, and to have you place badge No. 1 on my breast there, as you have so kindly done for so many years past." But it was not to be. He has finished his work, and the Father has called him to Himself to be forever at rest in the kingdom above. Good-bye, dear old friend, we miss thee here, but we shall soon join thee in the upper and better home where separations shall be no more known.

Next to him, in my mind's eye, comes Dr. George S. Norton, of New York city, whom we all loved. I had known George Norton since he was a young man, before he was married, and while he was yet a student, and my admiration and respect for him as a professional man grew the longer I knew him.

There is no need of my speaking of him as a physician or of what he had been permitted to accomplish for the profession to which he was so ardently attached, and for whose interests he had devoted his life and all his energies. It is of him as a man—a man whom I loved from the very bottom of my heart—that I would speak to-night. I loved George Norton for that disposition, for those qualifications that drew towards him all those who came within the reach of his influence. I loved him because I saw in him, to so great an extent, the image of that One whom I love above all others, and who came down to this earth in order to bring joy and happiness and eternal life to suffering humanity. Dr. Norton was one of those gentle characters who seemed to have nothing but love for everybody, whose aim seemed to be to do everything that he could to help and do good to those around him. He never made any ostentatious show of his goodness, but went quietly about, carrying sunshine into many dark, dreary homes, and extending a strong helping hand to every one who needed his assistance.

As a Christian man, he stood as a leader among his companions and associates, leading them out into broader and grander fields of

usefulness for the Master. He was a man who never spoke an unkind word of any person,—unkindness and hatred had no place in his large loving heart, and no one ever went to him in vain for comfort or sympathy in the time when they felt the need of such. I wish you could all have heard the grand tribute that his pastor, Rev. William Lloyd, paid to him. It was a very exalted one, and yet not too exalted, because every word that he uttered was true.

Well do I remember Dr. Norton at one of the memorial services of our Institute. I think it was at Saratoga, and that he was speaking of his old friend and associate, Dr. Liebold. I do not think I ever listened to more thrilling words. I can see him distinctly this evening as he stood thus that morning and held us spell-bound by his eloquent, loving, yet simple words, which seemed to well up from his overflowing heart. It will be a long time before we shall be able to find any one to take the place in our midst who will fill the vacancy caused by the death of George S. Norton.

There are two others of our New York members of whom I desire to speak very briefly, both of them members of our Senate of Seniors. I refer to Dr. George E. Belcher and Dr. Thomas W. Donovan, both of whom have been called away from us during the past year at a good old age. I had known Dr. Belcher since the time that I was a young boy, living as a neighbor of his father, and always admired him, both as a physician and as a man. Like Dr. Norton, he was a man who had the faculty of attaching everybody to him. His gentle, quiet, winsome ways drew people to him, and they became very much and strongly attached to him. He was a very quiet man, never making much ado about anything, but who at the same time accomplished a great amount of good. He gained the entire confidence of a very large circle of patients, who learned to look upon and love him as a father as well as a physician. In him not only the rich and wealthy felt that they had a friend worthy of their confidence, but the poor and destitute realized that he was one to whom they could go, sure of receiving aid and sympathy or anything that they stood in need of.

In Dr. Donovan the profession has lost a valued member. I first became acquainted with him when, as a boy, I was accustomed to meet him in my father's pharmacy, and I used to be charmed with his conversation as he would sit there and relate his experience as a physician and tell of the many cases he was called upon to treat and his treatment of them. Dr. Donovan was a very close student of the *Materia Medica*, and he was one who never prescribed hastily or carelessly; he was one who was never ashamed to consult his textbook at the bedside, while examining his patient; in this way he became a most successful practitioner and one in whom every one had the utmost confidence. It was very seldom that he was able to attend the meetings of our Institute, so that but very few of our

members knew him, but the Institute had but few who had its interests more at heart or who would have done more for it if he had been able to do so.

And thus, fellow-members, we have rendered to these, our deceased friends, our tribute of love and affection. I look upon them not as having severed their connection with us, but simply as having accomplished the work which had been given them to do faithfully and well, have gone on a little way ahead of us into that better and more beautiful country where we shall, after a time, meet them again if we are as faithful to the trust committed to our hands as they were to that which had been committed to them.

RICHARD HUGHES, M.D.: I would ask to be allowed to say a word concerning the one member of the sacred band we commemorate to-night who was with me a subject of the British Crown—Dr. Nichol, of Montreal. It is not merely because he was my compatriot that I desire to speak of him, but I knew him to be a type of the earnest, intelligent worker for homœopathy that all of us should desire to be. Those of you who have read his papers upon Apis and Iodide of arsenic will have formed some idea of how wide was his research, how full and well-recorded his personal experiences. These were but examples of the study which he gave to every drug and every disease. When I visited Dr. Nichol, in 1876, I was in his library, and, looking over his books, took down one after another of them, and in each found inscribed a sentence of Hahnemann's which ran in effect thus: That the calling of a physician was so high and sacred a one, having human life for its subject, that the neglect to acquaint and inform one's self as thoroughly as possible for the vocation was a crime. This was the principle, I believe, which actuated Dr. Nichol in his life-work, and of the crime here spoken of he was assuredly guiltless. Whatever the faults which he may have to ask forgiveness for as he kneels at the throne of God, there will not be among them the failure to acquit himself as a true physician to the very utmost of his power, and to do the work which, in the providence of God, had fallen to his hand to do.

W. H. HOLCOMBE, M.D.: The unknown dead! Who has not walked through the grounds of one of our national cemeteries and felt his heart ache when he beheld some soldier's grave unmarked by date or name? There are also heroes and martyrs who have sacrificed their lives to science and humanity, whose names have never been inscribed upon the scrolls of fame like those of the illustrious dead which emblazon this hall. To rescue from oblivion the memory of one of these unknown dead I will tell you his simple story. In 1854, when I was practicing medicine at Natchez, Miss., with the late Dr. Davis, the pioneer of our system in that country, a young gentleman presented himself to us with letters of recommendation from the college where he had graduated, the Homœopathic Col-



lege of Pennsylvania, since known as the Hahnemann Medical College of Philadelphia. He was almost a beardless boy, slight in form, small in stature, quiet and unassuming in his manners, one who seemed little calculated to battle with the world; but he was thoroughly confident that he had obtained the right to defy and battle with disease and death. We recommended him to locate at Waterproof, La., a little town surrounded with rich planters, and where some few resided who were acquainted with the new system. He did so, and we heard of him, month after month, to the effect that the little doctor, with his little pills, had made little impression on the community. He bided his time; waited for that flood which is said to come, once in our lives, to us all.

I was called in consultation two or three times with this young gentleman. He had never received the slightest allopathic education—did not even know the doses of Calomel, Quinine or Morphine. He confined his practice almost exclusively to the 30th attenuation in globules. Having recently come from the old school into the new myself, with many of its prejudices adhering to me, I said to myself, this young fledgling of pure homœopathy will prove a failure when grappling with the diseases of the South.

I was mistaken.

When winter approached there broke out an epidemic of typhoid pneumonia among the negroes on the plantations. At that time it was to the interest of the planter to watch carefully over the health of his slaves. The epidemic proved severe and the mortality great under the vigorous and heroic measures of the old school.

One day one of the wealthiest of the planters came into the office of the little homœopathic doctor, and said to him: "In the last two weeks I have lost eight grown negroes, and if this thing goes on I am ruined. I do not know anything of your system; it looks foolish to me, but I am determined to try it. Pack up your medicines and come and stay with me until the epidemic is over." The young doctor, who had been sitting with idle hands and unopened vials, ignored on account of the supposed inefficacy of his system, responded with promptness.

When he had taken the position and instituted his own treatment, the mortality ceased. Absolutely there was not another death. The news spread from plantation to plantation, and the doctor was in constant demand, and was soon overwhelmed with business, for after that epidemic was over the planters said that any medicine which could cure pneumonia must be good for something else.

But a darker storm was rising up over the Mexican Gulf and coming northward. Yellow fever, that scourge of the tropics, broke out in New Orleans and invaded other towns. Suddenly a

case broke out in Waterproof, and in two weeks one-half of the community was prostrated, and many passed away to that bourne from which no traveller returns.

Our doctor pursued his labors industriously and successfully. After a while two of the old-school physicians died and two others were stricken down with the disease, and the whole work of the place devolved upon the homœopathic doctor, and he bravely struggled under the constantly increasing burden. Feeble, suffering exceedingly, he dragged himself from house to house, determined not to give up. No remonstrance of his friends, nor the signs of the approaching calamity, deterred him from the strict performance of his professional duty. Yellow fever crept upon him in that insidious form known as "walking cases."

When too feeble to go from house to house, he continued to prescribe in his office; with the fever raging in his blood he gave advice and medicine to his patients. Late one evening an intelligent friend came into the office and found him in a state of delirium while attempting to prescribe for a patient! He had him carried to bed, and anxious friends crowded around to do what they could. The regular steamer had passed down towards Natchez and no other was expected that night, so a messenger with a swift horse was dispatched to Natchez for Dr. Davis or myself, together with a competent nurse. I had just retired to bed at midnight, anxious and weary, and was aroused from it with the ringing of the bell, to receive a summons which meant crossing the river in a skiff and riding thirty miles over a rough road. But the homœopathic physician who is called to a brother in distress, rushes to his assistance regardless of time, place or circumstances.

I arrived early in the morning at his bedside, but it was too late. The angel of death, who is also the angel of the resurrection, had put his seal upon him. Thus perished in the bloom of youth, in the hour of success, and by a death as glorious as ever soldier or sailor met with on land or sea, a graduate of Hahnemann Homœopathic College of Philadelphia, one of the private soldiers in the ranks, and one of the unremembered heroes of homœopathy. Unremembered, no! He is not unremembered, for I now drop the tribute of these words like flowers upon his grave.

BUSHROD W. JAMES, of the Committee in charge of the Memorial Service, said: In closing these solemn exercises this impressive Sabbath evening, I would like to offer a pathetic word in memory of our former members, who were so recently among us, and who have passed away during the year, but so much has been said by others, that I will simply add an expression of commendation to those kindly words already spoken upon the memories of some, and also upon the memory of those whose names have not thus been directly referred to. I would here like to draw a lesson from the

lives and examples of those men who have thus passed on before us to the great world beyond. They have been faithful men, they have done their duty as physicians as well, they have been our fellow-associates, and we should look forward to them, not only for what they accomplished in this world, but also in what they will gain in knowledge in the unfathomed and unseen world, for, as the minister has told us, the acquisition of knowledge does not cease in the hereafter; that in the better land our souls are expanding always, and when this mortal puts on immortality, and we are changed as in the twinkling of an eye and become spirits in the other world, I look forward in my mental visions and see the grand, widely expanding knowledge which is there to be obtained, as our spirits wander through the ages from world to world, from distant sphere to distant sphere, and from one planetary system to another. The soaring soul reaching the highest apparent pinnacle of thought and knowledge, looks out with a spiritual vision into the eternity beyond, and still further headlands and ramparts of worlds come within the range of thought and sight, away off upon the outer seeming limits of the universe, and when these are garnered others come looming up in the unending distance, and this widening knowledge still goes on through the endless ages of eternity. May we not, then, ask each other, are we fitting ourselves in this world for this sublimer and better education in the great hereafter? Now as we leave this solemn place, let us ponder over all that has been said here this evening, and may we feel that our consciences are kept clear towards mankind; let us each have a conscience that will be like a helmet, and before the light of eternity rushes in upon it, let it here be ever illuminated by noble and charitable deeds, that these may reflect in our lives, and show to all about that we have a conscience void of offence towards all men. And now it may be that before another year some of us may be called to the eternal world; then let us feel that we are always ready, and when time shall fail and the great eternity shall open upon us, may we find a home, a happy home, in the region of eternal bliss, with everlasting glory and heavenly riches.

# DECEASED MEMBERS.

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## NECROLOGICAL LIST.

Compiled by HENRY M. SMITH, M.D., New York, N. Y. (Corrected to July 1, 1891.)

Date of Election.	NAME.	Date of Death.	Age.	Transac-tions.
1851	Abbott, Jehiel, M.D.	Sept. 23d, 1872.	77	1873, 512
1846	Adams, Henry, M.D.	(?)		1869, 156
1846	Adams, R. E. W., M.D.	Dec., 1869.		
1848	Allen, James H., M.D.	(?)		
1860	Alley, James T., M.D.	Sept. 17th, 1878.	47	1879, 1243
1846	Anderson, Moses, M.D., Philadelphia.	April 18th, 1855.	57	1867, 156
1853	Anderson, Moses, M.D., New York.	1862.		1867, 156
1846	Andrews, J. R., M.D.	Feb. 19th, 1864.	46	1867, 156
1867	Andrews, Joel R., M.D., New York.	June 1st, 1870.	52	1870, 625-633
1846	Arnin, Jonathan D., M.D., Newark, N. J.	Sept. 26th, 1868.	77	
1858	Ashton, Adolphus H., M.D.	Feb. 18th, 1868.		
1846	Atwood, Moses, M.D.	March 27th, 1878.	49	1874, 666
1867	Baer, Oliver P., M.D., Richmond, Indiana.	Aug. 10th, 1888.	72	1889, 176
1869	Baethig, Henry, Sr., M.D.	Dec. 5th, 1871.		1873, 512
1847	Baker, George, M.D.	Dec. 25th, 1852.	56	1867, 156
1858	Baker, George C., M.D.	Feb. 23d, 1865.	50	1867, 156
1872	Baker, Mary G., M.D.	Feb., 1880.		
1870	Baker, Robert F., M.D.	Jan. 28, 1890.	58	1890, 148
1866	Baner, William Jones, M.D., New York.	Nov. 6th, 1885.		1886, 140
1846	Barlow, Samuel Bancroft, M.D., New York.	Feb. 27th, 1876.	78	1877, 967
1866	Barnaby, John E., M.D.	Jan. 5th, 1869.		1870, 625
1853	Barnes, Geo. W., M.D.	Feb. 13, 1890.	65	1891.
1848	Barrows, George, M.D.	Jan. 18th, 1878.	65	1878, 1114
1846	Barrows, Ira, M.D.	Oct. 14th, 1882.	78	1883, 147
1857	Bartlett, Abner R., M.D.	Dec. 26th, 1880.		1881, 134
1847	Baxter, William, M.D.	July 8d, 1875.	70	1877, 982
1844	Bayard, Edward, M.D.	Sept. 28, 1889.	88	1890, 129
1860	Beakley, George, M.D.	March 7th, 1879.	62	
1848	Beakley, Jacob, M.D.	Sept., 1872.	60	
1848	Beard, D. H., M.D.	(?)		1867, 156
1870	Beaumont, John H., M.D.	Feb. 24th, 1883.		
1871	Beckwith, Ephraim Craig, M.D.	Nov. 30th, 1880.		
1870	Beebe, Nelson D., M.D.	Dec. 22d, 1872.	40	1875. 805
1854	Beers, Alfred H., M.D.	Jan. 12th, 1869.	41	
1846	Belcher, George E., M.D.	Nov. 1, 1890.	72	1891, 86
1847	Bell, H. W., M.D.	July, 1863.	63	1867, 156
				1868, 284
				1870, 634
				1870, 625
1859	Bellows, Albert G., M.D.	Dec., 1869.		1867, 156
1846	Belt, R. G., M.D.	(?)		
1867	Benedict, Harris S., M.D.	Oct. 18th, 1869.	46	
1873	Benedict, Thomas B., M.D.	March 1st, 1874.	45	1874, 665
1875	Bennett, Asahel M., M.D.	March, 1885.		1885, 96
1846	Bennett, Hilem, M.D.	Oct. 28th, 1868.	77	1870, 625-635
	Bennett, Hollis Kendall, M.D.	June 19th, 1889.	51	1889, 185
1846	Berens, Bernard, M.D.	1887.		1891.
1858	Berghaus, Julius Martin, M.D.	Oct. 17th, 1878.	52	
1864	Bigelow, Franklin, M.D.	March 12th, 1879.	52	1879, 1249
				1880, 141
1850	Bigler, George W., M.D.	April 28th, 1871.		
1865	Birnstill, Joseph, M.D.	Feb. 16th, 1867.	56	1867, 156
1854	Bishop, David Fowler, M.D.	April 24th, 1885.	57	1886, 130
1870	Bitely, Eugene, M.D.	March 31st, 1873.	49	1874, 661
1865	Blackburn, G. S., M.D.	Aug. 21st, 1866.	26	1867, 156
				1868, 284
1865	Blakely, William James, M.D.	Jan. 14th, 1877.		
1846	Bloss, Richard, M.D.	Sept. 3d, 1863.	65	1867, 156
1880	Boardman, Horace E., M.D.	Feb. 26th, 1888.	53	1888, 228
1846	Bolles, Richard Montgomery, M.D.	Aug. 9th, 1865.	63	1867, 156
				1870, 637
1872	Bossert, Charles, M.D.	Dec 19th, 1886.		1887, 214
1846	Bowers, Benjamin Franklin, M.D.	Feb., 1875.	79	1875, 794
1846	Bowers, Josiah, M.D.	Nov. 7th, 1868.	77	1870, 630
1875	Bowman, John R., M.D.	Feb. 11th, 1879.	50	1879, 1251
1846	Bradford, Richmond, M.D.	Dec. 21st, 1874.	73	1875, 797
1874	Bradner, Frederick Houston, M.D.	Jan. 8th, 1880.		1880, 142
1853	Brainard, Jehu, M.D.	March, 1878.	71	1879, 1239
1869	Bratt, Benjamin R., M.D.	Jan. 31st, 1872.		
1872	Brooks, Charles G., M.D.	March, 1885.		

## NECROLOGICAL LIST—Continued.

Date of Election.	NAME.	Date of Death.	Age.	Transactions.
1860	Brooks, Silas S., M.D.	July 2d, 1871.		
1874	Brown, Charles R., M.D.	March 15th, 1885.	37	1885, 96
1885	Brown, Henry A., M.D.	Sept., 1889.	...	1891.
1848	Brown, Joseph R., M.D.	(?)	...	1867, 156
1860	Brown, Josiah, M.D.	Oct. 16th, 1869.	49	1870, 645
1867	Brown, Titus Lonson, M.D.	Aug. 17th, 1887.	59	1868, 226
1867	Browne, Gardner S., M.D.	(?)		
1846	Bryan, Richard S., M.D.	March 5th, 1860.	64	1867, 156
1871	Bryan, William J., M.D.	July 13th, 1877.	40	1878, 1122
1854	Bryant, Charles G., M.D.	July 12th, 1864.	35	1867, 156
				1870, 645
1859	Bulkley, William E., M.D.	June 14th, 1870.	74	1874, 658
1868	Burchard, Jefferson Gregg, M.D.	March 6th, 1870.	31	1870, 645
1848	Burke, Abraham C., M.D.	April 15th, 1880.	62	1880, 142
1859	Burpee, John A., M.D.	Nov. 10th, 1887.		
1859	Burr, Charles Hartwell, M.D.	Feb. 26th, 1885.	...	1885, 97
1870	Bushnell, Lafayette, M.D.	July 9th, 1879.	55	1880, 144
1877	Butler, John, M.D.	April 10th, 1885.	41	1885, 100
1871	Cadmus, James M., M.D.	May 10th, 1879.	45	1880, 145
1882	Camp, Authur A., M.D.	April 9th, 1888.	33	1888, 232
1869	Carpenter, Charles H., M.D.	Sept. 23d, 1883.	58	1884, 666
1870	Carpenter, Moses, M.D.	Sept. 9th, 1872.		
1873	Caruthers, Robert Ewing, M.D.	Jan. 5th, 1885.	37	1885, 101
1844	Cator, Harvey Hull, M.D.	Feb. 21st, 1882.	67	1884, 652
1859	Chamberlain, William Baker, M.D.	April 19, 1889.	62	1890, 144
1844	Channing, William, M.D.	Feb. 11th, 1855.	55	1867, 156
				1870, 646
1850	Chase, Durfee, M.D.	(?)		
1865	Childs, William Riddle, M.D.	Nov. 11th, 1888.	50	1889, 180
1869	Church, William J., M.D.	Sept. 29th, 1862.	35	1867, 156
1844	Clark, Eliphalet, M.D.	June 8th, 1883.	82	1884, 650
1859	Clark, John Lewis, M.D.	Oct. 25th, 1880.	68	1881, 128
1844	Clark, Peleg, M.D.	Jan. 1st, 1875.	89	1875, 792
1844	Clark, Luther, M.D.	Sept. 26th, 1884.	74	1885, 87
1854	Clarke, Henry Bradford, M.D.	March 6th, 1888.	60	1888, 219
1847	Clary, Lyman, M.D.	June 1st, 1876.	73	1877, 977
1883	Cleveland, Charles Luther, M.D.	Jan. 14, 1890.	33	1890, 153
1867	Cleveland, William L., M.D.	May 20th, 1876.	67	1877, 996
1869	Cloud, Charles R., M.D.	(?)		
1847	Colby, Isaac, M.D.	June 29th, 1866.	73	1867, 156
1870	Cole, Edgar B., M.D.	Nov. 10th, 1871.	45	1874, 660
1851	Collins, H. A., M.D.	1884.	...	1884, 35
1867	Comstock, Albert Lee, M.D.	(?)		
1875	Connor, Delania T., M.D.	(?)		
1848	Cook, Abijah Perkins, M.D.	Sept. 23d, 1844.	76	1885, 88
1844	Cook, George W., M.D.	Oct. 1st, 1849.	43	1867, 156
1850	Cook, Simeon A., M.D.	March 9th, 1878.	70	1874, 668
1854	Cooke, Nicholas Francis, M.D.	Feb., 1886.	56	1885, 112
1866	Cooke, William H., M.D.	March 21st, 1879.	50	1879, 1247
1850	Cornell, Benjamin F., M.D.	May 12th, 1841.	76	
1856	Coté, Marcellin, M.D.	May 29th, 1878.	63	1878, 1119
1865	Cowley, David, M.D.	Oct., 1846.	56	1867, 211
1847	Cox, George, M.D.	Nov. 11th, 1853.	58	1867, 159
1852	Coxe, John Redman, Jr., M.D.	May 11th, 1863.	65	
1858	Coxe, Lorenzo Lewis, Jr., M.D.	Nov. 28th, 1866.	29	1868, 286
1872	Crater, Henry, M.D.	May 1st, 1886.	50	1886, 143
1869	Crispell, Garrett D., M.D.	Dec. 15th, 1880.	79	1881, 124
1846	Crittenden, J., M.D.	(?)	...	1867, 157
1852	Crocker, Isaac Senter, M.D.	Oct. 26th, 1866.	38	1867, 157
1846	Crosby, Eliakim, M.D.	Sept. 2d, 1854.	70	1867, 157
				1868, 285
1876	Crosby, Obed H., M.D.	Jan. 6th, 1885.	35	1885, 108
1869	Cross, William P., M.D.	Sept. 11, 1890.	74	1891, 98
1848	Cummings, James Merrill, M.D.	July 20th, 1883.	73	1885, 90
1870	Danforth, Willis, M.D.	June 3, 1891.	64	
1847	Dake, Chauncey M., M.D.	July 15th, 1872.		
1879	Dake, Jabez Percy, Jr., M.D.	Nov. 14th, 1886.	29	1887, 212
1854	Darling, Charles B., M.D.	June 10th, 1860.	41	1867, 157
1871	Davis, William Beesly, M.D.	March 7th, 1886.	66	1886, 141

## NECROLOGICAL LIST—Continued.

Date of Election.	NAME.	Date of Death.	Age.	Transactions.
1859	De Geradorf, Ernst Bruno, M.D.	June 28th, 1883.	63	1884, 656
1869	Delavan, J. Savage, M.D.	Aug. 7th, 1885.	45	1886, 155
1861	Denison, Jeremiah T., M.D.	April 25th, 1879.	64	1879, 1235
1846	Detwiler, Henry, M.D.	April 21st, 1886.	91	1887, 193
1873	Detwiler, William M., M.D.	April, 1887.		
1884	Dingmoor, Charles M., M.D.	(?)		
1847	Dodge, Moses, M.D.	Oct. 18th, 1879.	67	1881, 122
1848	Donovan, Thomas W., M.D.	Sept. 1, 1890.	81	1891, 88
1869	Doty, Hylon, M.D.	May 6th, 1876.	58	1877, 157
1847	Douglass, James S., M.D.	Aug., 1878.	77	1879, 1286
1867	Drake, Elijah H., M.D.	Nov. 16th, 1874.		1875, 804
1871	Drake, Jason W., M.D.	Nov. 20th, 1885.	47	1888, 235
1871	Dreibilbis, David L., M.D.	March 24th, 1872.		
1844	Duba, Samuel R., M.D.	Dec. 26, 1889.	78	1890, 133
1862	Duffield, Henry, M.D.	Dec. 6th, 1865.	64	1866, 155
1860	Dunham, Carroll, M.D.	Feb. 18th, 1877.	49	1877, 967
1844	Dunnell, Henry G., M.D.	Sept. 4th, 1868.	64	1870, 631
1869	Eaton, Hosea Ballou, M.D.	April 19th, 1887.	65	1887, 200
1880	Eaton, Morton Monroe, M.D.	(?)	77	
1846	Ehrman, Benjamin, M.D.	March 15th, 1886.	74	1886, 121
1846	Esrey, William P., M.D.	Sept. 28th, 1864.	39	1867, 157
1867	Evans, Joseph T., M.D.			
1867	Fairbanks, John N., M.D.	1871.		
1872	Farrington, Ernest Albert, M.D.	Dec. 17th, 1885.	38	1886, 134
1876	Fellger, Adolphus, M.D.	July 19th, 1888.	67	
1876	Fish, Charles Frederic, M.D.	Feb. 25th, 1875.	54	1875, 808
1844	Flagg, Josiah Foster, M.D.	Dec. 20th, 1858.	64	1864, 70
1867	Flagg, Levi Wells, M.D.	May 15th, 1864.	67	1864, 85
1851	Foote, Charles Cheency, M.D.	Nov. 9th, 1871.	46	1873, 509
1850	Foote, Elial T., M.D.	Nov. 17th, 1877.	81	
1850	Foote, George Franklin, M.D.	May 8th, 1889.	72	1889, 173
1869	Foster, Avery B., M.D.	Dec. 17th, 1885.	55	
1866	Foster, George S., M.D.			1868, 285
1867	Franklin, Edward C., M.D.	Dec. 10th, 1865.	63	1866, 130
1886	Franklin, Nathaniel Lyon, M.D.	Feb., 1885.		1886, 132
1869	Freeland, James Chester, M.D.	April 23d, 1871.	40	
1846	Freeman, Alfred, M.D.	March 8th, 1861.	67	1867, 157
1858	Freeman, Warren, M.D.	April 5th, 1880.	65	1880, 146
1860	Freeman, William E., M.D.	Feb., 1879.	63	1881, 130
1858	Frelligh, Martin, M.D.	Aug. 31, 1889.	76	1890, 138
1844	Freytag, Eberhard, M.D.	March 14th, 1846.	82	1867, 157
1866	Frieese, Michael, M.D.	Feb. 4th, 1880.	48	1881, 147
1865	Frost, James H., M.D.	Jan. 21st, 1875.	50	1875, 801
1846	Fuller, Milton, M.D.	March 11th, 1885.	86	1885, 91
1896	Fulton, Frederick Samuel, M.D.	May 26th, 1889.	31	1889, 189
1859	Gale, Stephen Madison, M.D.	Jan. 22d, 1882.	78	1882, 140
1848	Gallupe, William, M.D.	Feb. 18th, 1863.	78	1883, 143
1851	Gambell, Willard Parkman, M.D.	Dec. 1st, 1867.	67	1868, 219
1849	Gardiner, Daniel R., M.D.	June 30, 1889.	60	1890, 185
1846	Gardiner, Richard, M.D.	March 22d, 1877.	84	1877, 969
1846	Gardiner, William A., M.D.	April 29th, 1863.	39	1865, 108
1869	Gardner, Marcellos M., M.D.	July 31st, 1880.	49	1867, 157
1859	Geary, John Fitz Gibbon, M.D.	(?)		1881, 133
1886	Gee, William S., M.D.	Nov., 1890.		1891.
1849	Geist, Christian Frederick, M.D.	Aug. 27th, 1872.	67	1874, 649
1876	Gerstel, Adolphus, M.D.	Aug., 1890.		1891, 83
1846	Gilbert, James B., M.D.	1854.		1867, 157
1857	Giles, Albert, M.D.	June 7th, 1862.	53	1867, 157
1867	Goodwin, Thomas Shepard, M.D.	(?)		
1876	Gordon, Peter A., M.D.	Feb. 2, 1891.		1891.
1844	Gosewisch, John Charles, M.D.	May 11th, 1854.	46	1854, 74
1869	Gottschalck, William von, M.D.			1867, 157
1847	Graves, S. W., M.D.	July 6th, 1854.	59	1869, 177
1844	Gray, John Franklin, M.D.	June 6th, 1882.	35	1867, 157
1854	Green, George S., M.D.	(?)	78	1882, 126
1844	Green, Jonas, M.D.	Dec. 25th, 1868.		1870, 631
1855	Gregg, Rollin R., M.D.	Aug. 4th, 1886.	58	1887, 202

## NECROLOGICAL LIST—Continued

Date of Election.	NAME.	Date of Death.	Age.	Transactions.
1846	Gregg, Samuel, M.D.	Oct. 25th, 1872.	78	1873, 504
1846	Guernsey, Henry Newell, M.D.	June 27th, 1885.	68	1886, 115
1852	Guernsey, William F., M.D.	Feb. 16th, 1877.	68	1877, 984
1869	Gunter, George Whitfield, M.D.	Feb. 28th, 1886.		
1844	Hale, Eben, M.D.	Aug. 2d, 1847.	38	1867, 157
1871	Hammond, Albert, M.D.	(?)		
1867	Harding, Evan B., M.D.	April 12th, 1887.		
1846	Harris, Zina H., M.D.	April 30th, 1869.	69	1867, 157
				1870, 647
1865	Harvey, J. R., M.D.	July 7th, 1866.	34	1867, 157
1867	Hawks, John, M.D.	(?)		
1858	Hawley, Liverus B., M.D.	March 20, 1890.	61	1891, 98
1844	Haynel, A. F., M.D.	(?)		
1870	Heaton, James Guthrie, M.D.	June 27th, 1876.	38	1877, 994
1846	Helmut, William Schaeff, M.D.	April 9th, 1880.	79	1880, 147
1867	Hemenway, Horace P., M.D.	March 6, 1890.	61	1890, 151
1844	Hempel, Charles Julius, M.D.	Sept. 24th, 1879.	68	1880, 150
1844	Hering, Constantine, M.D.	July 23d, 1880.	80	1881, 45
1847	Herrick, Israel, M.D.	Feb. 18th, 1866.	71	1867, 157
1856	Herron, James A., M.D.	Nov. 15th, 1868.		
1867	Hinks, E. Franklin, M.D.	Feb. 12th, 1886.	45	1886, 142
1869	Hoffendahl, Herman Louis Henry, M.D.	1881.	51	1881, 125
1874	Hollett, Arthur P., M.D.	Sept. 29th, 1887.	40	1888, 227
1854	Hofmann, Hermann H., M.D.	April 4, 1891.	69	1891, 92
1857	Holt, Aaron P., M.D.	March 6th, 1876.	68	1877, 996
1846	Holt, Daniel, M.D.	April 11th, 1883.	78	1883, 150
1867	Holtby, Jabez Bunting, M.D.	Feb. 7th, 1869.	31	1870, 647
1869	Hoppin, Courtland, M.D.	Oct. 19th, 1876.	42	1877, 985
1850	Hoppin, Washington, M.D.	April 1st, 1867.	40	1867, 157
1856	Horton, Freeman, M.D.	March 3d, 1861.	45	1867, 157
1866	Horwitz, William, M.D.	(?)		
1858	Hotchkiss, Jesse Temple, M.D.	(?)		
1854	Houard, John G., M.D.	April 24th, 1878.		
1859	Houghton, Milo G., M.D.	May 22d, 1885.	54	
1881	Howard, Reuben L., M.D.	Aug. 9th, 1884.	46	
1870	Hoxie, Augustus Chapman, M.D.	May 17th, 1885.	46	1885, 114
1869	Hoyt, William Henry, M.D.	(?)		
1846	Hull, Aaron Cooke, M.D.	July 3d, 1868.	50	1870, 648
1844	Hull, Amos Gerald, M.D.	April 25th, 1859.	49	1859, 163
				1867, 157
				1870, 649
1844	Humphreys, E., M.D.	March 14th, 1848.	68	1867, 157
				1868, 285
1867	Hund, H. B., M.D.	(?)		
1867	Hunt, Franklin Whitehead, M.D.	Oct. 20th, 1878.	68	1879, 1249
1873	Hurd, Edwin H., M.D.	May 15, 1891.	66	1891, 99
1867	Ingalls, Frederick W., M.D.	Feb. 15th, 1885.	45	1885, 106
1846	Ingalls, William, M.D.	Sept. 8th, 1851.	82	1852, 44
1871	Jackson, Mercy B., M.D.	Dec. 13th, 1877.	75	1878, 1117
1867	Jackson, William F., M.D.	April 3d, 1879.	54	
1846	James, David, M.D.	June 6th, 1873.	68	1874, 648
1846	James, Isaac, M.D.	Jan. 22d, 1874.	97	1874, 645
1846	Janney, Daniel, M.D.	Oct. 13th, 1859.	67	1867, 157
				1868, 285
1844	Jeanes, Jacob, M.D.	Dec. 18th, 1877.	77	1878, 1123
1844	Joslin, Benjamin Franklin, M.D.	Dec. 31st, 1861.	65	1867, 157
1853	Joslin, Benjamin Franklin, Jr., M.D.	April 18th, 1885.	59	1885, 92
1848	Keep, Lester, M.D.	Aug. 20th, 1882.	85	1883, 142
1841	Keep, S. Hopkins, M.D.	1887.	41	1888, 229
1869	Keith, Theodore S., M.D.	Sept. 13, 1888.	(?)	
1855	Kenyon, Lorenzo M., M.D.	Nov. 25th, 1887.	66	1888, 216
1846	Kern, B. F., M.D.	(?)		
1844	Kimball, Daniel Starkweather, M.D.	Dec. 12th, 1882.	76	1884, 648
1848	Kinsley, Hudson, M.D.	March 28th, 1868.	71	
1844	Kirby, Stephen R., M.D.	(?)		
1858	Kirk, Isaac E., M.D.	Aug. 17th, 1859.	27	1867, 157
1869	Kirk, William V., M.D.	April 15th, 1870.		
1867	Knight, Elam Clark, M.D.	March 21st, 1888.		1888, 233
1875	Knight, George B., M.D.	July 20th, 1877.	329	1881, 134
1848	Koch, August Wilhelm, M.D.	May 4th, 1886.	81	1886, 120

DECEASED MEMBERS.

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NECROLOGICAL LIST—Continued.

Date of Election.	NAME.	Date of Death.	Age.	Transac-tions.
1858	Lafon, Thomas, M.D.	March 20th, 1876.	74	
1860	Lee, John K., M.D.	Nov. 10th, 1867.	63	
1846	Leon, Alexis, M.D.	Sept. 2d, 1866.	49	1867, 157
1871	Lewis, Richard, M.D.	April, 1888.		
1867	Liebold, Carl Theo., M.D.	Nov. 29th, 1886.	55	1887, 204
1844	Lingen, George, M.D.	1868.	50	1870, 650
1844	Lippe, Adolphus, M.D.	Jan. 23d, 1885.	75	1888, 212
1861	Lippe, Constantine, M.D.	Jan. 1st, 1885.	45	1885, 108
1866	Lodge, Edwin A., M.D.	Jan. 25th, 1867.		
1846	Loomis, Joseph Griswold, M.D.	Oct. 25th, 1863.	42	1854, 66 1867, 157
1868	Lord, Frederick Augustus, M.D.	Sept. 18th, 1872.		
1869	Lord, Israel Shipman Pelton, M.D.	(?)		
1869	Loring, Charles Parkman, M.D.	Jan. 27th, 1877.	42	1877, 966
1846	Lovejoy, Ezekiel, M.D.	Aug. 16th, 1872.	69	1878, 514
1856	Macfarland, Lafayette, M.D.	Oct. 30th, 1867.		
1868	Macy, Benjamin Clasby, M.D.	Sept. 16th, 1864.	55	1865, 109 1867, 157
1846	Maire, James, M.D.	Jan. 1st, 1876.	80	1877, 976
1860	Malin, John, M.D.	Nov. 29, 1869.	56	1890, 143
1846	Manchester, Charles F., M.D.	April 6th, 1878.	73	1878, 1110
1866	Marsden, John Hatton, M.D.	Aug. 27th, 1883.	80	
1868	Martin, Henry Noah, M.D.	Sept. 1st, 1889.	60	1890, 145
1851	Martin, Joseph Lloyd, M.D.	June 26th, 1869.	69	1890, 137
1869	Matthes, Gustavus Felix, M.D.	March 17th, 1869.	79	1890, 142
1846	Matthews, Caleb Bentley, M.D.	May 27th, 1851.	50	1851, 14
1867	Matthews, Moses M., M.D.	Nov. 23d, 1867.	58	1868, 298 1870, 651
1868	Mayer, Martin, M.D.	Jan. 19th, 1877.	45	1877, 992
1856	McAllister, James M., M.D.	(?)		
1860	McClatchey, Robert J., M.D.	Jan. 15th, 1863.	47	1867, 158 1883, 154
1871	McCollum, Matthew, M.D.	Jan. 4th, 1875.		
1886	McKibbin, Alice B., M.D.	1886.		
1844	McManus, Felix R., M.D.	March 3d, 1885.	73	1885, 98
1856	McManus, F. S., M.D.	Nov. 20th, 1857.	25	1867, 158
1844	Merrill, John, M.D.	June 7th, 1855.	73	1867, 157
1851	Metcalf, James W., M.D.	April 14th, 1856.	39	1867, 158
1848	Middleton, J. D., M.D.	(?)		
1847	Middleton, R. S., M.D.	(?)		
1871	Miller, Harrison V., M.D.	Nov. 26th, 1879.	51	1880, 152
1852	Miller, Thomas, M.D.	Nov. 21st, 1867.	70	1868, 286
1867	Mitchell, John W., M.D.	March 27th, 1867.		
1869	Moore, James Otis, M.D.	Nov. 16th, 1886.	64	
1848	Moore, John D., M.D.	Sept. 20th, 1867.	65	1870, 672-652
1860	Moore, Thomas, M.D.	March 25th, 1882.	55	1882, 148
1846	Morrill, Alpheus, M.D.	May 9th, 1874.	62	1874, 647
1858	Morrill, Henry Edwin, M.D.	March 6th, 1874.	61	1874, 656
1876	Muller, Clotar, M.D.	Nov. 10th, 1877.	59	1878, 1127
1848	Munger, Erastus A., M.D.	Nov. 4th, 1879.	66	1880, 152
1875	Murrell, William J., M.D.	May 17th, 1890.	58	1890, 149
1869	Neilson, James C., M.D.	Nov. 14th, 1874.	55	1875, 808
1872	Nichol, Thomas, M.D.	June 14, 1890.	59	1891, 100
1869	Nichols, John S., M.D.	Jan. 15th, 1862.	36	1867, 158
1859	Nichols, Lemuel Bliss, M.D.	Sept. 28th, 1883.	67	1884, 655
1872	Norton, George S., M.D.	Jan. 31, 1891.	39	1891, 96
1848	Norton, Lucien Harvey, M.D.	Jan. 2d, 1884.		
1877	Nunez, Marquile de, M.D.	Nov. 10th, 1879.	74	1880, 154
1860	Ober, Benjamin, M.D.	May 14th, 1867.	67	1867, 158
1867	Ober, Levi E., M.D.	March 26th, 1861.	63	1881, 126
1844	Okie, Abraham Howard, M.D.	Sept. 21st, 1882.		
1886	Olmstead, Louis J., M.E.	Feb. 11th, 1889.	27	1889, 188
1856	Ormes, Cornelius, M.D.	April 20th, 1866.	79	1888, 214
1847	Osgood, David, M.D.	Feb. 23d, 1863.	69	1867, 158
1888	Owens, William, Jr., M.D.	May 9, 1891.	34	1891.
1869	Page, Moses F., M.D.	Jan. 20th, 1861.	58	1881, 182
1846	Paine, John Aslop, M.D.	June 16th, 1871.	76	1874, 651
1856	Palmer, Fred. Niles, M.D.	May 10th, 1886.	72	1886, 123
1846	Palmer, Walter C., M.D.	(?)		
1847	Parker, H. C., M.D.	Dec. 8th, 1861.	48	1867, 158 1868, 286



## NECROLOGICAL LIST—Continued.

Date of Election.	NAME.	Date of Death.	Age.	Transactions.
1858	Parks, John M., M.D.	May 1, 1860.	80	1861, 91
1844	Payne, John, M.D.	Oct. 7th, 1857.	56	1867, 156 1868, 286 1854, 72
1847	Payne, Lycurgus V., M.D.	July 8th, 1853.	29	1867, 155 1867, 971
1846	Payne, William E. M.D.	March 9th, 1877.	63	1867, 158 1867, 182
1846	Peak, Jesse M., M.D.	Jan. 29th, 1866.	67	1867, 158
1867	Pearson, Clement, M.D.	(?)		1867, 158
1874	Pease, Giles, M.D.	June 3d, 1857.		1867, 158
1859	Peck, William, M.D.	Jan. 12th, 1883.	63	1867, 158
1872	Peer, George W., M.D.	1861.		1867, 158
1846	Pehrson, J. G. G., M.D.	Aug. 29th, 1861.		1867, 158 1870, 653
1858	Perkins, Roger Griswold, M.D.	April 20th, 1872.	56	1874, 650
1870	Perrine, George W., M.D.	Dec. 15th, 1889.	76	1890, 140
1858	Perrine, Wm. LaRue, M.D.	April, 1870.		
1847	Peterson, James, M.D.	(?)		
1848	Petherbridge, Joseph B., M.D.	(?)		
1871	Pettingill, Sarah B., M.D.	(?)		
1867	Pike, Joseph G. W., M.D.	(?)		
1857	Pitney, Aaron, M.D.	April 7th, 1865.	72	1867, 158
1847	Pool, Augustus, M.D.	Aug. 9th, 1833.	64	1864, 663
1870	Porter, Edward, M.D.	March 1st, 1879.	46	1879, 1246
1847	Potter, E. A., M.D.	July 29th, 1867.	61	
1871	Powell, Hans, M.D.	Jan. 22d, 1865.	44	1885, 110
1874	Pratt, William, M.D.	Jan. 1st, 1889.		1889, 182
1870	Prentice, Nathan F., M.D.	April 19th, 1873.	58	1875, 907
1866	Preston, Coates, M.D.	Aug. 9th, 1881.	61	1882, 138
1858	Pulsifer, Moses Russ, M.D.	Jan. 27th, 1877.	78	
1844	Pulte, Joseph Hippolyte, M.D.	Feb. 24th, 1884.	73	1884, 643
1872	Quick, Theodore, M.D.	April 4th, 1877.	51	1877, 989
1844	Quin, James M., M.D.	March 27th, 1868.	62	1868, 286 1870, 654
1852	Randel, John Massey, M.D.	July 13th, 1858.	27	1859, 166
1854	Randel, William Henry, M.D.	Dec. 14th, 1867.	55	1868, 222
1814	Rea, Albus, M.D.	Oct. 14th, 1848.	50	1850, 30
1830	Reading, Edward, M.D.	March 3d, 1889.	60	1889, 175
1848	Reading, John R., M.D.	Feb. 14th, 1886.	60	1886, 126
1897	Reed, Joseph O., M.D.	April 22d, 1889.	23	1889, 190
1874	Reed, Maro McLean, M.D.	June 28th, 1877.	86	1878, 1115
1848	Reichelm, Gustavus, M.D.	Nov. 22d, 1861.	60	1865, 109
1870	Reinhold, Hahnemann E., M.D.	March 6th, 1879.	35	1879, 1245
1847	Richardson, Edward T., M.D.	Aug. 14th, 1881.	67	1882, 133
1856	Roberts, E. W., M.D.	Nov. 10th, 1865.	58	1867, 154
1847	Roberts, J., M.D.	March 15th, 1856.	72	1867, 158 1868, 286
1872	Robinson, Henry D., M.D.	Nov. 22d, 1876.	78	1878, 1121
1844	Robinson, Horatio, M.D.	July 28th, 1889.	86	1890, 132
1831	Robinson, Horatio, Jr., M.D.			
1848	Roche, Manning B., M.D.	July 3d, 1862.	72	1867, 158 1870, 656
1846	Romig, Jonathan, M.D.	Feb., 1885.	81	
1852	Rosa, Lemuel K., M.D.	Feb. 29th, 1858.	27	1867, 158 1854, 73
1815	Rosa, Storm, M.D.	May 3d, 1864.	73	1867, 158 1868, 286 1870, 656
1845	Rosman, Robert, M.D.	Dec. 25th, 1859.	54	1863, 286
1879	Ross, Orin G., M.D.	April 29th, 1885.	42	1886, 144
1866	Rousseau, Louis Majorque, M.D.	Sept. 25th, 1882.	62	1883, 152
1846	Royston, T. P., M.D.	1852.		1867, 158
1848	Russell, George, M.D.	Feb. 18th, 1883.	88	1883, 141
1860	Samson, Charles M., M.D.	1862.		1867, 158 1870, 656
1854	Sanborn, Benaiah, M.D.	Oct. 4th, 1867.	67	1868, 286
1869	Sanford, Enoch W., M.D.	Feb., 1875.		
1854	Sargent, Rufus, M.D.	April 10th, 1867.	63	1867, 215
1859	Saunders, C. F., M.D.	Jan. 4th, 1862.	23	1867, 158
1870	Saunders, William E., M.D.	March 7th, 1875.	36	
1878	Sawyer, Alfred I., M.D.	May 7, 1890.	63	1891, 94
1839	Scales, Thomas Spencer, M.D.	June 15th, 1881.	59	1-82, 141

# DECEASED MEMBERS.

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## NECROLOGICAL LIST—Continued.

Date of Election.	NAME.	Date of Death.	Age.	Transactions.
1874	Schenk, Benjamin Baird, M.D.	March 22d, 1883.	74	
1874	Scherzer, William, M.D.	Feb. 21st, 1882.	57	1882, 144
1846	Schmidt, Jacob, M.D.	March 20th, 1880.	67	1881, 120
1846	Schue, John, M.D.	Sept., 1856.		1867, 158
				1868, 286
1846	Schwarz, Gustavus, M.D.	April 28th, 1863.	67	1867, 158
1860	Scott, James L., M.D.	Aug. 15th, 1876.	28	1877, 992
1867	Seeley, N. R., M.D.	March 4th, 1868.	54	1868, 224
1859	Shattuck, Aloin, M.D.	Aug. 16th, 1872.	51	1873, 511
1854	Sheek, Jacob F., M.D.	Jan. 31st, 1858.		1867, 158
1861	Shenstone, B. C., M.D.	March 10th, 1890.	(?)	
1846	Sheppard, David, M.D.	(?)		1867, 158
1846	Sherrill, Hunting, M.D.	Jan. 16th, 1866.	83	1867, 158
				1868, 286
				1870, 657
1844	Sims, Francis, M.D.	Nov. 29th, 1880.	57	
1867	Sisson, William H. H., M.D.	Jan. 25th, 1873.		1873, 513
1846	Skiff, Charles H., M.D.	Dec. 11th, 1875.	67	1877, 974
1846	Small, Alvan E., M.D.	Dec. 31st, 1886.	75	1887, 198
1866	Smedley, Robert C., M.D.	Jan. 2d, 1868.		
1866	Smith, Daniel Drowne, M.D.	March 17th, 1878.	71	
1846	Smith, David S., M.D.	April 29, 1891.	75	1891, 83
1869	Smith, Ezra P. K., M.D.	Dec. 27th, 1874.	57	
1860	Smith, J. W., Jr., M.D.			1868, 287
1870	Smith, John T. S., M.D.	Oct. 3d, 1876.	71	1877, 987
1876	Smith, Luther W., M.D.	June 24th, 1879.		
1869	Smith, Stebbins A., M.D.	(?)		
1867	Smith, William H., M.D.	Feb. 11th, 1880.		
1844	Snow, Robert Albert, M.D.	Oct. 4th, 1849.		1850, 50
				1867, 153
1867	Sommer, Gustave J. M., M.D.	(?)		
1861	South, Ephraim W., M.D.	April 8th, 1888.	58	1888, 221
1846	Stansbury, Robert Mott, M.D.	Nov. 5th, 1850.	43	1852, 43
1843	Stebbins, N., M.D.	(?)		1867, 159
1860	Stehman, Jacob S., M.D.	(?)		1867, 159
1846	Stevens, Charles A., M.D.	Jan. 17th, 1881.	63	1881, 119
1832	Stevenson, Thomas Collins, M.D.	Dec. 19th, 1879.		1881, 123
1854	Stone, Alfred B., M.D.	June 3d, 1855.	26	1867, 159
1858	Stone, Henry E., M.D.	Jan. 27th, 1866.	66	1868, 128
1871	Stouffer, David R., M.D.	March 16th, 1874.	24	1874, 665
1853	Stretch, Joshua B., M.D.	March 7th, 1865.	40	1866, 154
1846	Sullivan, John L., M.D.		79	1867, 159
1865	Sumner, Charles, M.D.	May 5th, 1883.	61	1888, 223
1876	Sumner, Albert E., M.D.	Aug. 31st, 1882.	42	1883, 159
1848	Swan, Daniel, M.D.	Dec. 5th, 1864.	83	1866, 153
1844	Swazey, George W., M.D.	Sept. 8th, 1877.	65	1878, 1107
1874	Swift, Charles E., M.D.	(?)		
1869	Switz, Hermann, M.D.	June 25th, 1883.	65	1884, 664
1843	Taft, Cincinnatus A., M.D.	June 26th, 1884.	62	1886, 125
1844	Taft, Gustavus M., M.D.	Aug. 9th, 1847.		1867, 159
1843	Tarbell, John A., M.D.	Jan. 21st, 1864.	53	1866, 150
1869	Taylor, Charles W., M.D.	Jan. 1st, 1875.	55	1877, 990
1844	Taylor, John, M.D.	April 5th, 1850.	45	1850, 30
				1851, 11
				1867, 159
1868	Temple, John Taylor, M.D.	(?)		
1869	Thayer, S. B., M.D.	Sept. 16th, 1874.		
1881	Titsworth, Randolph, M.D.	March 18th, 1890.	69	1890, 151
1847	Train, Horace Dwight, M.D.	April 24th, 1879.	58	
1869	Trites, Wm. Budd, M.D.	Jan. 19th, 1890.	44	1890, 147
1876	Vall, John Dunning, M.D.	May 12th, 1889.	57	1889, 184
1875	Valentine, Philo G., M.D.	Dec. 22d, 1884.	52	1885, 111
1886	Van Alstyne, Frank W., M.D.	Dec. 23, 1890.	27	1891, 101
1850	Vanderberg, Federal, M.D.	Jan. 23d, 1868.	80	1870, 122
1878	Van Derzee, William H., M.D.	Aug. 29th, 1883.	26	
1876	Varona, Adolph, M.D.	Feb. 10th, 1883.	48	
1851	Vastine, P. E., M.D.	April, 1857.		1867, 159
				1868, 287
1868	Vastine, Thomas Jefferson, M.D.	March, 1873.	64	1874, 668
1866	Verdi, Ciro Suzzara, M.D.	(?)		
1871	Vincent, Frank L., M.D.	May 12th, 1889.	50	1889, 187

NECROLOGICAL LIST—*Concluded.*

Date of Election.	NAME.	Date of Death.	Age.	Transactions.
1871	Von Tagen, Charles H., M.D.	July 29th, 1880.	45	
1848	Walker, Charles, M.D.	Jan. 17th, 1855.	52	1867, 159 1868, 287
1854	Walker, Charles Henry, M.D.	Oct. 4th, 1887.	65	1888, 221
1869	Wallens, Miles W., M.D.	Jan. 4th, 1874.	32	1874, 664
1855	Ward, John Augustine, M.D.	March 5th, 1880.	54	1880, 156
1846	Ward, Walter, M.D.	March 29th, 1888.	72	1888, 211
1848	Warner, Lewis T., M.D.	(?)		
1853	Warner, Noah H., M.D.	June 24th, 1860.	52	1867, 159
1874	Waters, Henry, M.D.	Nov. 6th, 1874.	26	1875, 807
1859	Weeks, Lorrain T., M.D.	July 19th, 1876.	57	1878, 1121
1846	Weid, Christopher Minot, M.D.	March 18th, 1868.	66	1870, 1882
1844	Wesselhoft, William, M.D.	Sept. 1st, 1856.	64	1867, 159 1859, 165
1850	Wheeler, John, M.D.	Feb. 12th, 1871.		
1846	Whitehead, C., M.D.	June 29th, 1858.	51	1867, 159 1868, 287
1844	Wild, Charles, M.D.	May 30th, 1864.	69	1866, 152
1853	Wilkinson, Ross M., M.D.	(?)		
1849	Willard, Ephraim S., M.D.	April 18th, 1873.	58	1873, 575
1844	Williams, C. D., M.D.	1882.		
1852	Williams, George Cushman, M.D.	March 10th, 1870.	58	
1844	Williamson, Walter, M.D.	Dec. 19th, 1870.	60	1871, 117
1857	Williamson, Walter Martin, M.D.	May 6th, 1874.	38	1874, 635
1846	Wilsey, Ferdinand Little, M.D.	May 11th, 1860.	63	1867, 159 1870, 638
1844	Wilson, Abraham D., M.D.	Jan. 20th, 1864.	63	1867, 159 1870, 659
1846	Witherill, Edwin C., M.D.	Oct. 30th, 1865.	44	1868, 296
1846	Withey, Samuel J., M.D.	(?)		
1848	Wolcott, William G., M.D.	Sept. 7th, 1886.	50	1868, 287
1854	Wood, James Bayard, M.D.	April 14th, 1889.	71	1889, 171
1854	Wood, John Gage, M.D.	April 29th, 1859.	29	1859, 166
1850	Woodbury, John Harvey, M.D.	Feb. 28th, 1880.	48	1881, 131
1857	Woodruff, Francis, M.D.	April 13th, 1882.	65	1886, 137
1881	Woodward, Lewis, M.D.	June 5th, 1883.		1883, 161
1873	Woodyatt, William H., M.D.	Jan. 31st, 1880.	34	1880, 157
1858	Wright, Albert, M.D.	Dec., 1874.	70	1875, 799
1872	Wright, Emma Scott, M.D.	Nov. 17th, 1879.	31	
1846	Wright, Clark, M.D.	March, 1863.	64	1870, 652
1867	Wright, William, M.D.	Sept. 23d, 1880.	74	
1858	Youlin John Jouvenal, M.D.	Oct. 30th, 1881.	61	1882, 136
1881	Zerns, William M., M.D.	1887.	35	1888, 234
1867	Zantzinger, Alfred, M.D.	Aug. 16th, 1873.	34	1874, 663

**REPORT**  
**OF THE**  
**Bureau of Organization, Registration and**  
**Statistics.**

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**HOMOEOPATHIC ORGANIZATIONS AND INSTITUTIONS**

**IN THE UNITED STATES, . . . . . THOS. FRANKLIN SMITH, M.D.**

**TABULATED STATISTICS OF SOCIETIES, HOSPITALS,**

**DISPENSARIES AND JOURNALS, . . . . . THOS. FRANKLIN SMITH, M.D.**

**TABULATED STATISTICS OF HOMOEOPATHIC MEDI-**

**CAL COLLEGES, . . . . . I. T. TALBOT, M.D.**

**LIST OF GRADUATES OF HOMOEOPATHIC COLLEGES**

**FOR THE SESSION OF 1890-91, . . . . . I. T. TALBOT, M.D.**

## HOMŒOPATHIC ORGANIZATIONS AND INSTITUTIONS IN THE UNITED STATES.

BY THOS. FRANKLIN SMITH, M.D., NEW YORK, N. Y.

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### NATIONAL SOCIETIES.

American Institute of Homœopathy. Annual meeting at Atlantic City, N. J., June 16 to 23, 1891. President, Theodore Y. Kinne, Paterson, N. J.; Vice-President, James H. McClelland, M.D., Pittsburgh, Pa.; Secretary, Pemberton Dudley, M.D., southwest corner Fifteenth and Master Streets, Philadelphia, Pa. Publishes its Annual *Transactions*.

International Hahnemannian Association. Annual meeting at Richfield Springs, N. Y., June 23 to 25, 1891. President, Clarence Willard Butler, M.D., Montclair, N. J.; Secretary, S. A. Kimball, M.D., 124 Commonwealth Avenue, Boston, Mass. Publishes its Annual *Transactions*.

American Obstetrical Society. Annual meeting takes place in New York city in December. President, Geo. W. Winterburn, M.D., 94 Park Avenue, New York city; Delegate, Walter Wesselhoest, M.D.

### SECTIONAL OR INTERSTATE SOCIETIES.

Western Academy of Homœopathy.

Southern Homœopathic Medical Association. Annual meeting at Birmingham, Ala., November 12 to 14, 1890. President, Henry R. Stout, M.D., Jacksonville, Fla.; Secretary, C. R. Mayer, M.D., New Orleans, La.; Delegates, Henry R. Stout, M.D., Charles E. Fisher, M.D. Publishes its *Transactions*.

### STATE AND LOCAL SOCIETIES.

#### *Alabama.*

Alabama Homœopathic State Medical Society. Annual meeting at Birmingham. President, A. E. Meadow, M.D., Blocton; Secre-

tary, A. M. Duffield, M.D., Huntsville; Delegate, J. H. Henry, M.D.

### *California.*

California State Homœopathic Medical Society. Annual meeting in San Francisco, second Wednesday in May. President, H. R. Arndt, M.D., 943 Sixth Street, San Diego; Secretary, George H. Martin, M.D., 921 Polk Street, San Francisco; Delegate, Hayes C. French. Has published its *Transactions*.

Alameda County Homœopathic Medical Society. Annual meeting held in Oakland, second Tuesday of January. President, H. L. Bradley, M.D., East Oakland; Secretary, S. F. Rudolph, M.D., Oakland.

Los Angeles Homœopathic Medical Society.

San Diego County Homœopathic Medical Society. Annual meeting in San Diego, third Wednesday in December. President, Thomas Docking, M.D., 643 Sixth Street, San Diego; Delegate, Joseph Rodes, M.D. Has published sundry papers in journals.

### *Colorado.*

Homœopathic Medical Society, State of Colorado. Annual meeting in Denver, in May. President, S. S. Smythe, M.D.; Secretary, J. Wylie Anderson.

Denver Homœopathic Club. Annual meeting in Denver, third Monday in January. President, B. A. Wheeler, M.D., 1447 Stout Street. Secretary, F. G. Freyermuth, M.D., 1129 South Street; Delegate, J. B. Kinley, M.D.

### *Connecticut.*

Connecticut Homœopathic Medical Society. Annual meeting in Hartford, third Tuesday in May. President, Clinton E. Stark, M.D., Norwich; Secretary, Edward B. Hooker, M.D., 253 Main Street, Hartford; Delegates, C. B. Adams, M.D., Clitus S. Hoag, M.D., Edward B. Hooker, M.D.; Emily Pardee, M.D., Sophia Penfield, M.D. Has published its *Transactions*.

### *Delaware.*

Homœopathic Medical Society of Delaware and the Peninsula.

*District of Columbia.*

Homœopathic Clinical Society of Maryland and District of Columbia, Washington Branch. Annual meeting in Washington, fourth Wednesday in April. President, S. S. Stearns, M.D., 1425 Rhode Island Avenue; Secretary, Richard Kingman, M.D., 701 East Capitol Street; Delegate, S. S. Stearns, M.D.

Washington Homœopathic Medical Society. Annual meeting in Washington, first Tuesday in December. President, Wm. R. King, M.D., 812 Eleventh Street, N. W.; Secretary, Edward Roome, M.D., 1845 Fourteenth Street, N. W.; Delegate, L. B. Swormstedt, M.D.

Washington Medical and Surgical Club. Annual meeting in Washington in December. President, Lyman B. Swormstedt, M.D., 1455 Fourteenth Street, N. W.; Secretary, B. Frank Gibbs, M.D., 1608 Seventeenth Street, N. W.; Delegate, William R. King, M.D.

*Florida.*

Florida Homœopathic Medical Society. Annual meeting in Ocala in June. President, T. J. Williamson, M.D., Eustis; Secretary, C. W. Johnson, M.D., Jacksonville; Delegate, Henry R. Stout, M.D.

*Georgia.*

Atlanta Medical Club. President, Clarence M. Paine, M.D., 27½ East Hunter Street; Secretary, Lucius D. Morse, M.D., 128 Pryor Street; Delegate, F. H. Orme, M.D.

*Illinois.*

Illinois Homœopathic Medical Association. Annual meeting held in Springfield. President, C. A. Weirich, M.D., Marseilles; Secretary, W. A. Dunn, M.D., Central Music Hall, Chicago; Delegate, A. A. Whipple, M.D. Has published various papers in journals.

Chicago Academy of Homœopathic Physicians and Surgeons. Annual meeting in January. President, Robert N. Tooker, M.D., 263 Dearborn Avenue; Secretary, Emmet L. Smith, M.D., Lincoln Park Sanitarium; Delegate, John S. Mitchell, M.D.

Clinical Society of Hahnemann Hospital of Chicago. Annual meeting in Chicago, last Saturday in April. President, R. M. Bar-

rows, M.D., Woodlawn Park ; Secretary, Howard N. Lyon, M.D., 177 Thirty-first Street, Chicago. Has published "The Clinique."

Rock Island Institute of Homœopathy. Annual meeting in Dixon. President, O. W. Blunt, M.D., Clinton, Ia.; Secretary, O. B. Blackman, M.D., Dixon, Ill. Has published various papers in journals.

Woman's Homœopathic Medical Society of Chicago. Annual meeting in Chicago, second Monday in January. President, Anna M. Parker, M.D., 50 Walnut Street ; Secretary, Isidore L. Greene, M.D., 315 Lincoln Avenue ; Delegate, Kate I. Graves, M.D.

### *Indiana.*

Indiana Institute of Homœopathy. Annual meeting in Indianapolis, second Wednesday in May. President, J. F. Thompson, M.D., New Castle ; Secretary, William B. Clarke, M.D., Indianapolis ; Delegates, O. S. Runnels, M.D., G. W. Bowen, M.D. Has published numerous papers in journals.

### *Iowa.*

Hahnemann Medical Association of Iowa. Annual meeting in Sioux City, third Thursday in May. President, J. G. Gilchrist, M.D., Iowa City ; Secretary, A. P. Hanchett, M.D., Council Bluffs ; Delegate, A. C. Cowperthwaite, M.D. Has published various papers in journals.

Central Homœopathic Association of Iowa. Annual meeting at Cedar Rapids, second Wednesday in July. President, T. L. Hazard, M.D., Anamosa ; Secretary, C. E. Walters, M.D., Cedar Rapids ; Delegate, C. H. Cosgrove, M.D.

Northeastern Iowa Homœopathic Medical Society. Annual meeting at West Union. President, F. H. Becker, M.D., Clermont ; Secretary, M. Y. Baker, M.D., Fayette ; Delegate, M. Y. Baker.

Sioux City Homœopathic Medical Association. Annual meeting in Sioux City, first Tuesday in January. President, H. N. Marvin, M.D., Metropolitan Block, Sioux City ; Secretary, J. L. Hanchett, M.D., 411 Jackson Street, Sioux City ; Delegate, E. G. Morey, M.D.

### *Kansas.*

Homœopathic Medical Society State of Kansas. Annual meeting in Kansas City, first Wednesday in May. President, M. Jay



Brown, M.D., Salina ; Secretary, P. Diederich, M.D., 614 Sandusky Avenue, Kansas City ; Delegates, P. Diederich, M.D., J. F. Elliott, M.D.

Homœopathic Medical Society of Wichita. Annual meeting in Wichita in December. President, C. E. Martin, M.D., Wichita ; Secretary, O. J. Taylor, M.D., Wichita.

Shawnee County Homœopathic Medical Society. Annual meeting in Topeka, first Wednesday in January. President, Mary E. Stewart, M.D., Topeka ; Secretary, C. F. Menninger, M.D., 727 Kansas Avenue, Topeka. Has published a paper on "Hygiene of the Public Schools."

#### *Kentucky.*

Kentucky State Homœopathic Medical Society. Annual meeting in Lexington, second Wednesday in May. President, J. A. Vansant, M.D., Mount Sterling ; Secretary, Allison Clokey, M.D., Louisville.

#### *Maine.*

Maine Homœopathic Medical Society. Annual meeting in Portland, first Tuesday in June. President, D. C. Perkins, M.D., Rockland ; Secretary, J. C. Gannett, M.D., Yarmouth ; Delegates, W. F. Shepard, M.D., H. C. Bradford, M.D. Has published its annual *Transactions*.

#### *Maryland.*

Maryland State Homœopathic Medical Society. Annual meeting in Baltimore. President, Elias C. Price, M.D., 953 Madison Avenue, Baltimore ; Secretary, Edward H. Condon, M.D., 1403 Fayette Street, Baltimore ; Delegates, Elias C. Price, M.D., Milton Hammond, M.D., R. W. Mifflin, M.D., J. S. Barnard, M.D.

Homœopathic Clinical Society of Maryland and District of Columbia, Baltimore Branch. Annual meeting in Baltimore, fourth Wednesday in April. President, Charles H. Thomas, M.D., 1006 East Baltimore Street, Baltimore ; Secretary, Thomas E. Sears, M.D., 630 West Franklin Street, Baltimore ; Delegate, W. L. Morgan, M.D.

Maryland Academy of Medicine. President, Alfred Wanstall, M.D., 809 Cathedral Street, Baltimore ; Secretary, James C. Clarke, M.D., 1025 Madison Avenue ; Delegate, Alfred Wanstall, M.D.

Medical Investigation Club of Baltimore. President chosen at each meeting; Secretary, Eldridge C. Price, M.D., Baltimore. Has published pathogeneses of a number of medicines in journals. Delegate, Eldridge C. Price, M.D.

*Massachusetts.*

Massachusetts Homœopathic Medical Society. Annual meeting in Boston, second Wednesday in April. President, A. J. French, M.D., Lawrence; F. C. Richardson, M.D., 1 Saratoga Place, East Boston; Delegates, I. T. Talbot, M.D., Conrad Wesselhoeft, M.D., W. H. Lougee, M.D., Charles H. Farnsworth, M.D., D. A. Houghton, M.D., L. A. Phillips, M.D., N. R. Morse, M.D., A. J. French, M.D., H. C. Clapp, M.D., Horace Packard, M.D., D. B. Whittier, M.D., H. L. Chase, M.D., Walter Wesselhoeft, M.D., J. Wilkinson Clapp, M.D. Has published various papers and its annual *Transactions*.

Alumni Association of Boston University School of Medicine. Annual meeting in Boston, first Tuesday in June. President, Fred. B. Percy, M.D., Brookline, Mass.; Secretary, Charles H. Thomas, M.D., 427 Broadway, Cambridge, Mass.

Boston Homœopathic Medical Society. Annual meeting in Boston, first Thursday in January. President, George R. Southwick, M.D., 136 Boylston Street; Secretary, W. E. Mann, M.D., 184 West Canton Street; Delegate, George R. Southwick, M.D. Has published various papers in journals.

Dispensary Association of Boston University School of Medicine. Annual meeting in Boston, first Thursday in December. President, H. C. Clapp, M.D., 11 Columbus Square; Secretary, J. S. Shaw, M.D., 577 Tremont Street, Boston; Delegate, H. C. Clapp, M.D.

Essex County Homœopathic Medical Society. Annual meeting in Salem, fourth Wednesday in October. President, F. A. Gardner, M.D., Salem; Secretary, G. W. Worcester, M.D., Newburyport; Delegate, G. W. Worcester, M.D.

Massachusetts Surgical and Gynecological Society. Annual meeting in Boston, second Wednesday in December. President, J. K. Warren, M.D., Worcester; Secretary, L. A. Phillips, M.D., 443 Boylston Street, Boston; Delegate, L. A. Phillips, M.D. Has published various papers in journals.

Plymouth County Homœopathic Medical Society. Annual meet-

ing in Brockton, second Thursday in January. President, Silas B. Dickerman, M.D., Abington; Secretary, Lucy S. Carr, M.D., 14 Rossiter Street, New Brockton; Delegates, G. E. Brown, M.D., R. W. Southgate, M.D.

Homœopathic Medical Society of Western Massachusetts. Annual meeting in Springfield, third Wednesday in March. President, J. P. Rand, M.D., 49 Pleasant Street, Worcester; Secretary, P. R. Watts, M.D., Stafford Springs, Conn.; Delegate, H. A. Gibbs, M.D., Worcester County Homœopathic Medical Society. Annual meeting in Worcester, second Wednesday in November. President, G. F. A. Spencer, M.D., Ware; Secretary, Edward D. Fitch, M.D., 38 Pleasant Street, Worcester; Delegate, J. K. Warren, M.D.

Hughes Medical Club. Annual meeting in Boston, fourth Monday in May. President chosen at each meeting; Secretary, Fred. D. Stackpole, M.D., 86 Dudley Street, Boston.

Lowell Hahnemann Club. Annual meeting in Lowell, third Tuesday in November. President, C. H. Leland, M.D., Lowell; Secretary, A. W. Hill, M.D., Lowell.

### *Michigan.*

Homœopathic Medical Society, State of Michigan. Annual meeting at Grand Rapids, third Tuesday in May. President, G. F. Brown, M.D., Jackson; Secretary, Harold Wilson, M.D., 88 Lafayette Avenue, Detroit. Has published its annual *Transactions*.

Alumni Association of University of Michigan. Annual meeting at Ann Arbor in June. President, A. B. Avery, M.D., Portage, Mich.; Secretary, J. S. Campbell, M.D., Cadiz, Ohio; Delegate, J. C. Hood, M.D.

College of Physicians and Surgeons of Michigan. Annual meeting in Detroit, first Tuesday in January. President, W. A. Polglase, M.D., Detroit; Secretary, Harold Wilson, M.D., 88 Lafayette Avenue, Detroit.

Hahnemann Medical Society of Barry and Eaton Counties.

Homœopathic Medical Society of Southwestern Michigan. Annual meeting in Kalamazoo, first Tuesday in February. President, E. A. Balyeat, M.D., Kalamazoo; Secretary, J. N. Ayres, M.D., Kalamazoo; Delegate, E. A. Balyeat, M.D.

Saginaw Valley Homœopathic Medical Association. Annual meeting in Saginaw last Wednesday in December.

*Minnesota.*

Minnesota State Homœopathic Institute. Annual meeting in Minneapolis, third Tuesday in May. President, S. M. Spaulding, M.D., Syndicate Block, Minneapolis; Secretary, D. W. Horning, M.D., Lake City; Delegates, W. S. Briggs, M.D., J. E. Sawyer, M.D., Alexander Donald, M.D., A. E. Higbee, M.D., O. H. Hall, M.D. Has published its *Transactions*.

Saint Paul and Minneapolis Academy of Homœopathic Medicine. Annual meeting in St. Paul, first Tuesday in May. President, H. C. Leonard, M.D., Minneapolis; Secretary, H. H. Leavitt, M.D., St. Paul.

*Missouri.*

Missouri Institute of Homœopathy. Annual meeting in St. Louis, fourth Tuesday in April. President, A. Cuvier Jones, M.D., Holden; Secretary, William P. Cutler, M.D., Kansas City; Delegates, Scott B. Parsons, M.D., James A. Campbell, M.D., B. Chamblin, M.D., Moses T. Runnels, M.D. Has published its annual *Transactions*, and also various papers in journals.

St. Louis Society of Homœopathic Physicians and Surgeons. Annual meeting in Saint Louis in January. President, James A. Campbell, M.D., 1729 Washington Avenue, St. Louis; Secretary, L. C. McElwee, M.D., 219 South Jefferson Avenue, St. Louis; Delegates, James A. Campbell, M.D., Scott B. Parsons, M.D.

Hahnemann Club of St. Louis. Annual meeting held in January. President chosen at each meeting. Secretary, James A. Campbell, M.D., 1729 Washington Avenue, St. Louis; Delegate, T. Griswold Comstock, M.D.

*Nebraska.*

Nebraska State Homœopathic Society. Annual meeting in Omaha, fourth Wednesday in May. President, W. A. Humphrey, M.D., Plattsmouth; Secretary, A. P. Welles, M.D., McCook; Delegate, W. H. Hanchett, M.D.

*New Hampshire.*

Homœopathic Medical Society, State of New Hampshire. Annual meeting in Concord, third Wednesday in June. President, George R. Smith, M.D., Dover; Secretary, J. M. Bishop, M.D., Bristol;

Delegates, Ezekiel Morrill, M.D., J. F. Bothfeld, M.D., H. H. Darling, M.D., C. W. Adams, M.D.

*New Jersey.*

New Jersey State Homœopathic Medical Society. Annual meeting in Newark, second Tuesday in May. President, F. A. Gile, M.D., East Orange; Secretary, A. W. Bailey, M.D., Atlantic City; Delegates, J. H. Anderson, M.D., C. W. Butler, M.D., F. B. Mandeville, M.D., John Younglove, M.D., C. A. Church, M.D., E. M. Howard, M.D., J. Cooper, M.D., A. Ubelacker, M.D. Has published various papers in journals.

West Jersey Homœopathic Medical Society. Annual meeting in Camden, third Wednesday in May. President, E. M. Howard, M.D., Camden; Secretary, Wallace McGeorge, M.D., Woodbury; Delegates, Isaac Cooper, M.D., Wallace McGeorge, M.D.

New Jersey Medical Club. Annual meeting in Newark, third Wednesday in March. President, John L. Seward, M.D., Orange; Secretary, John Younglove, M.D., 407 Jefferson Avenue, Elizabeth; Delegate, John Younglove.

*New York.*

Homœopathic Medical Society State of New York. Annual meeting in Albany, second Tuesday in February. President, F. Park Lewis, M.D., 188 Franklin Street, Buffalo; Secretary, John L. Moffat, M.D., 17 Schermerhorn Street, Brooklyn; Delegates, F. Parke Lewis, M.D., John L. Moffat, M.D., Henry M. Smith, M.D., Horace M. Paine, M.D., A. R. Wright, M.D., W. Tod Helmuth, M.D., T. Franklin Smith, M.D., T. F. Allen, M.D., M. O. Terry, M.D. Has published its annual *Transactions*, and also a *Directory* of Physicians in New York State.

Alumni Association of New York Homœopathic Medical College. Annual meeting in New York on "Commencement Day." President, Clarence Willard Butler, M.D., Montclair, N. J.; Secretary, John B. Garrison, M.D., 111 East Seventieth Street, New York; Delegate, C. W. Butler, M.D. Has published a *Directory* of the Alumni of the College.

Alumni Association of New York Medical College and Hospital for Women. Annual meeting in New York, third Wednesday in

April. President, M. Belle Brown, M.D., 135 West Thirty-fourth Street, New York ; Secretary, E. C. O'Brien, M.D., 333 East Fifty-eighth Street, New York ; Delegate, M. Belle Brown, M.D.

Albany County Homœopathic Medical Society. Annual meeting in Albany, second Tuesday in January. President, William E. Milbank, M.D., 111 State Street, Albany ; Secretary, W. F. Robinson, M.D., 214 State Street, Albany ; Delegate, H. M. Paine, M.D.

Allegheny County Homœopathic Medical Society. Annual meeting in Angelica, second Tuesday in January. President, J. P. Truman, M.D., Alfred Centre ; Secretary, Bernsley Williamson, M.D., Friendship ; Delegate, J. P. Truman, M.D.

Brooklyn Homœopathic Hospital Dispensary Staff Association. Annual meeting in Brooklyn, second Wednesday in January. President, John L. Moffat, M.D., 17 Schermerhorn Street, Brooklyn ; Secretary, Alton G. Warner, M.D., 71 Orange Street, Brooklyn ; Delegate, John L. Moffat, M.D.

Broome County Homœopathic Medical Society. Annual meeting in Binghamton, third Wednesday in June. President, Willis H. Proctor, M.D., 8 Main Street, Binghamton ; Secretary, Charles T. Haines, M.D., 27 Main Street, Binghamton ; Delegate, George F. Hand, M.D.

Cayuga County Homœopathic Medical Society. Annual meeting in Auburn, second Wednesday in June. President, Charles F. Barnes, M.D., Weedsport ; Secretary, Charles L. Swift, M.D., 269 Seymour Street, Auburn ; Delegate, Charles F. Barnes, M.D.

Chemung County Homœopathic Medical Society. Annual meeting in Elmira, second Tuesday in January. President, L. D. Parkhurst, M.D., Elmira ; Secretary, Orlando Groom, M.D., Horseheads ; Delegate, Orlando Groom, M.D.

Chenango County Homœopathic Medical Society. Annual meeting in Norwich, third Tuesday in January. President, R. E. Miller, M.D., Oxford ; Secretary, S. J. Fulton, M.D., Norwich.

Central New York Homœopathic Medical Society. Annual meeting in Syracuse, in September. President, Leslie Martin, M.D., Baldwinsville ; Secretary, Richard S. True, M.D., Syracuse ; Delegate, Richard S. True, M.D. Has published its annual *Transactions*.

Columbia and Greene Counties Homœopathic Medical Society. Annual meeting in Hudson, second Wednesday in October. Presi-

dent, N. H. Barnes, M.D., Chatham ; Secretary, Azro C. Hanor, M.D., Chatham.

Dutchess County Homœopathic Medical Society. Annual meeting in Poughkeepsie. President, John C. Otis, M.D., Poughkeepsie.

Erie County Homœopathic Medical Society. Annual meeting in Buffalo, first Wednesday in January. President, C. S. Albertson, M.D., 358 Richmond Avenue, Buffalo ; Secretary, George R. Stearns, M.D., 201 Linwood Avenue, Buffalo ; Delegate, A. R. Wright, M.D.

Homœopathic Medical Society, County of Kings. Annual meeting in Brooklyn, second Tuesday in January. President, H. D. Schenck, M.D., 241 McDonough Street, Brooklyn ; Secretary, Walter S. Reick, M.D., 272 Halsey Street, Brooklyn ; Delegate, John L. Moffatt, M.D. Has published several papers in journals.

Homœopathic Medical Society County of New York. Annual meeting in New York, second Thursday in December. President, J. T. O'Connor, M.D., 51 West Forty-seventh Street ; Secretary, Charles Deady, M.D., 59 West Forty-ninth Street ; Delegate, Arthur B. Norton, M.D. Has published *Directory* of New York City Physicians.

Homœopathic Medical Society of Western New York. Annual meeting in Buffalo, second Thursday in April. President, A. Wilson Dods, M.D., Fredonia ; Secretary, John S. Reed, M.D., Lyons.

Livingston County Homœopathic Medical Society. Annual meeting in Dansville, second Tuesday in June. President, Fred. R. S. White, M.D., Griegsville ; Secretary, B. P. Andrews, M.D., Dansville ; Delegate, James A. West, M.D. Has published its *Transactions*.

Homœopathic Medical Society of Madison County. Annual meeting in Oneida, fourth Tuesday in June. President, G. B. Palmer, M.D., East Hamilton ; Secretary, J. T. Wallace, M.D., Oneida ; Delegate, E. N. Coon, M.D.

Montgomery County Homœopathic Medical Society. Annual meeting in Fonda, second Tuesday in January. President, C. B. Walrad, M.D., Johnstown ; Secretary, W. McWhite, M.D., Amsterdam ; Delegate, C. B. Walrad, M.D.

Medical Society of Northern New York. Annual meeting in Saratoga. Secretary, Azro C. Hanor, M.D., Chatham, N. Y.

Oneida and Herkimer Counties Homœopathic Medical Society.

Annual meeting in Utica, third Tuesday in October. President, C. E. Chase, M.D., 230 Genesee Street, Utica; Secretary, Clara Bar-rus, M.D., 230 Genesee Street, Utica; Delegate, M. O. Terry, M.D.

Onondago County Homœopathic Medical Society. Annual meet-ing in Syracuse, first Tuesday in May. President, J. W. Candee, M.D., 402 Warren Street, Syracuse; Secretary, E. Elmer Keeler, M.D., 414 South Salina Street, Syracuse; Delegate, E. Elmer Keeler, M.D. Has published numerous papers in journals.

Ontario County Homœopathic Medical Society. Annual meeting in Canandaigua, third Wednesday in October. President, George C. Pritchard, M.D., Phelps; Secretary, Charles T. Mitchell, M.D., Canandaigua; Delegate, Charles T. Mitchell, M.D.

Orange County Homœopathic Medical Society. Annual meeting in Goshen, second Tuesday in January. President, F. W. Seward, M.D., Goshen; Secretary, Frank A. Jacobson, M.D., Newburgh; Delegate, Selden H. Talcott, M.D.

Oswego County Homœopathic Medical Society. Annual meeting in Oswego, second Tuesday in June. President, J. H. Keene, M.D., Oswego; Secretary, G. D. McManus, M.D., Oswego; Delegates, G. F. Adams, M.D., D. F. Young.

Rensselaer County Homœopathic Medical Society. Annual meeting in Troy, third Tuesday in October. President, A. R. Green, M.D., 17 Second Street, Troy; Secretary, H. E. Fuller, M.D., 612 Second Avenue, Lansingburgh.

Seneca County Homœopathic Medical Society. Annual meeting in Waterloo, first Thursday in October. President, A. J. Frantz, M.D., Canoga; Secretary, O. W. Peterson, M.D., Waterloo; Dele-gate, O. W. Peterson, M.D.

Southern Tier Homœopathic Medical Society. Annual meeting in Corning, second Tuesday in January. President, F. W. Adria-nce, M.D., 306 Lake Street, Elmira; Secretary, O. P. Barden, M.D., Tioga, Pa.; Delegate, J. M. Barden, M.D.

Medical Society of Tompkins County. Annual meeting in Ithaca, second Wednesday in June. President, Charles E. Van Cleef, M.D., Ithaca; Delegate, Charles E. Van Cleef, M.D.

Ulster County Homœopathic Medical Society. Annual meeting in Kingston, in May. President, Levi Shafer, M.D., Kingston; Secretary, William N. Decker, M.D.; Delegate, William H. Con-nolly, M.D.



Wayne County Homœopathic Medical Society. Annual meeting in Newark, first Tuesday in June. President, J. A. Reed, M.D., Newark; Secretary, W. H. Sweeting, M.D., Savannah.

Westchester County Homœopathic Medical Society. Annual meeting in Yonkers, last Wednesday in January. President, J. D. Madden, M.D., Sing Sing; Secretary, Russell P. Fay, M.D., Yonkers; Delegate, R. R. Trotter, M.D.

Carroll Dunham Club of New York. Annual meeting in New York, first Tuesday in December. President chosen at each meeting. Secretary, Joseph F. Land, M.D., 130 West One Hundred and Twenty-sixth Street; Delegate, T. Franklin Smith, M.D.

New York Homœopathic Union. Annual meeting in New York, first Thursday in January. President, B. Fincke, M.D., 122 Livingston Street, Brooklyn; Secretary, L. M. Stanton, M.D., 71 West Eighty-eighth Street.

#### *Ohio.*

Homœopathic Medical Society, State of Ohio. Annual meeting in Findlay, second Tuesday in May. President, E. R. Eggleston, M.D., Cleveland; Secretary, Robert B. House, M.D., Springfield; Delegates, C. E. Walton, M.D., R. B. Rush, M.D.

Cincinnati Homœopathic Lyceum. Annual meeting in Cincinnati, third Monday in October. President, W. A. Geohegan, M.D., Hawthorne Avenue, Price Hill, Cincinnati; Secretary, T. E. Linn, M.D., 127 West Eighth Street, Cincinnati; Delegate, C. E. Walton, M.D. Has published various articles in journals.

The Cleveland Academy of Medicine. Annual meeting in Cleveland. President, H. B. Van Norman, M.D., 259 Franklin Avenue, Cleveland; Secretary, H. D. Champlin, M.D., 455 Clark Avenue, Cleveland; Delegates, H. H. Baxter, M.D., H. B. Van Norman, M.D. Has published paper on Narcotic Poisoning.

Eastern Ohio Homœopathic Medical Society. Annual meeting in Massillon, third Wednesday in April. President, A. S. Hayden, M.D., Columbiana; Secretary, T. T. Church, M.D., 70 East Main Street, Salem, Ohio; Delegate, Frank Kraft, M.D. Has published a history of the Society.

Lorain County Homœopathic Medical Society. Annual meeting in Elyria, second Wednesday in June. President, John Austin, M.D., Oberlin; Secretary, C. F. Cushing, M.D., Elyria; Delegate, C. F. Cushing, M.D.

Montgomery County Homœopathic Medical Society. Annual meeting in Dayton, first Thursday in May. President, A. A. Lovett, M.D., Eaton ; Secretary, Frank Webster, M.D., 127 South Ludlow Street, Dayton ; Delegate, William Webster, M.D.

Summit County Homœopathic Medical Society. Annual meeting in Akron in January. President, R. B. Easter, M.D., Akron ; Secretary, Katharine Kurt, M.D., Akron.

Columbus Clinical Club. Annual meeting in Columbus, first Monday in December. President chosen at each meeting ; Secretary, Guy Coulter, M.D., 1033 North High Street, Columbus.

Round Table Club of Cleveland. Annual meeting in Cleveland, fourth Wednesday in January. President chosen at each meeting ; Secretary, Kent B. Waite, M.D., 106 Euclid Avenue, Cleveland ; Delegate, N. Schnieder, M.D.

#### *Oregon.*

Homœopathic Medical Society, State of Oregon. Annual meeting in Portland, second Tuesday in May. President, George Wigg, M.D., East Portland ; Secretary, Osmon Royal, M.D., Portland.

#### *Pennsylvania.*

Homœopathic Medical Society State of Pennsylvania. Annual meeting in Philadelphia in September. President, Aug. Korndorfer, M.D., 1728 Green Street, Philadelphia ; Secretary, Edward R. Snader, M.D., 140 North Twentieth Street, Philadelphia ; Delegates, Bushrod W. James, M.D., James H. McClelland, M.D., Pemberton Dudley, M.D., A. R. Thomas, M.D., Chandler Weaver, M.D. Has published its Annual *Transactions*.

Allegheny County Homœopathic Medical Society. Annual meeting in Pittsburgh, second Friday in December. President, C. H. Hoffman, M.D., 808 Penn Avenue, Pittsburgh ; Secretary, C. A. Wilson, M.D., 295 Western Avenue, Allegheny. Has published various papers in journals.

Alumni Association of Hahnemann Medical College of Philadelphia. Annual meeting in Philadelphia in April. President, J. P. Dake, M.D., Nashville, Tenn. ; Secretary, William W. Van Baun, M.D., 419 Pine Street, Philadelphia ; Delegate, J. P. Dake, M.D.

Homœopathic Medical Society of Chester, Delaware and Montgomery Counties. Annual meeting in Philadelphia in April.

President, W. C. Powell, M.D., Bryn Mawr; Secretary, D. P. Maddux, M.D., 700 Madison Street, Chester; Delegate, Joseph E. Jones, M.D.

Homœopathic Medical Society of Crawford County. Annual meeting in Meadville, last Friday in January. President, E. C. Parsons, M.D., Meadville; Delegate, E. C. Parsons, M.D.

Homœopathic Medical Society of Lehigh Valley. Annual meeting in Easton, first Thursday in December. President, E. H. Jackson, M.D., Bethlehem; Secretary, E. D. Doolittle, M.D., Easton.

Homœopathic Medical Society of Northern Pennsylvania. Annual meeting in Scranton, third Thursday in June. President, H. B. Ware, M.D., Scranton; Secretary, Theodore M. Johnson, M.D., 200 Susquehanna Avenue, Scranton; Delegates, Drs. Coe, Johnsbury, Coolidge, Lang, Brewster, Sandle, and Bullard.

Hahnemann Medical Society of Reading. Annual meeting in Reading, first Thursday in June. President, J. S. Rittenhouse, M.D., 38 South Fourth Street, Reading; Secretary, C. B. Jennings, M.D., 137 South Eighth Street, Reading.

Homœopathic Medical Society of Philadelphia County. Annual meeting in Philadelphia in April. President, William H. Keim, M.D., 2015 Ridge Avenue, Philadelphia; Secretary, William W. Van Baun, M.D., 419 Pine Street, Philadelphia; Delegate, William H. Keim, M.D. Has published various papers in journals.

Homœopathic Medical Society, Twenty-third Ward of Philadelphia. Annual meeting in Philadelphia, third Wednesday in October. President, J. Reed Osman, M.D., Bristol, Pa.; Secretary, S. G. Goodshall, M.D., Lock Box "G," Edge Hill, Pa.

Organon Club of Chester. Annual meeting in Chester in February. President, R. P. Mercer, M.D., Chester; Secretary, D. P. Maddux, M.D., 700 Madison Street, Chester; Delegate, D. P. Maddux, M.D.

Bœnninghausen Club of Philadelphia. Annual meeting in Philadelphia, second Wednesday in November. President, Duncan Macfarlan, M.D., 3924 Chestnut Street, Philadelphia; Secretary, George W. Smith, M.D., 1320 Walnut Street, Philadelphia.

Hahnemann Club of Philadelphia. Annual meeting in Philadelphia, second Tuesday in January. President, M. M. Walker, M.D., 12 West Walnut Lane, Philadelphia; Secretary, Thomas S. Dun-

ning, M.D., 1328 North Fifteenth Street, Philadelphia ; Delegate, M. M. Walker, M.D.

Philadelphia Clinical Club. Annual meeting in Philadelphia in October. President, Charles M. Thomas, M.D., 1623 Arch Street, Philadelphia ; Secretary, William H. Bigler, M.D., 118 North Twelfth Street, Philadelphia.

Philadelphia Medical Club. President, O. S. Hawes, M.D., 137 North Fifteenth Street, Philadelphia ; Secretary, Edward W. Mercer, M.D., 157 North Fifteenth Street, Philadelphia.

Farrington Club of Allegheny County. Annual meeting in Pittsburgh in February. President, Walter F. Edmundson, M.D., 375 Fifth Avenue, Pittsburgh ; Secretary, William Cowley, M.D., 6412 Penn Avenue, Pittsburgh ; Delegate, W. J. Martin, M.D. Has published a number of papers in journals.

Homœopathic Medical Club of Germantown. Annual meeting in Germantown, third Monday in December. President, James H. Closson, M.D., 21 West Cheltenham Avenue, Germantown ; Secretary, Thomas Reading, M.D., Hatboro ; Delegate, C. H. Van Artsdalen, M.D.

Homœopathic Pharmaceutical Association of Pennsylvania. Annual meeting in Philadelphia. President, A. J. Tafel, M.D., 1011 Arch Street, Philadelphia ; Secretary, Frank J. Slough, M.D., Allentown ; Delegate, Frank J. Slough, M.D.

#### *Rhode Island.*

Rhode Island State Homœopathic Medical Society. Annual meeting in Providence, second Friday in January. President, Charles A. Barnard, M.D., Centerdale ; Secretary, Louis D. Lippitt, M.D., Olneyville ; Delegates, George B. Peck, M.D., Robert Hall, M.D., John C. Budlong, M.D., Charles A. Barnard, M.D.

#### *Tennessee.*

Homœopathic Medical Society, State of Tennessee. Annual meeting in Nashville, November 11th to 13th. President, William C. Dake, M.D., Nashville ; Secretary, H. G. Bayless, M.D., Knoxville ; Delegate, J. P. Dake, M.D. Has published various papers in journals.

Chattanooga Homœopathic Medical Society. Annual meeting at

Lookout Mountain. President, J. M. Frear, M.D., 13 Gilmore Street, Chattanooga; Secretary, J. I. Ashbaugh, M.D., 905 East Ninth Street, Chattanooga.

Nashville Hahnemann Club. President chosen at each meeting; Secretary, James H. Enloe, M.D., Church Street, Nashville; Delegate, Walter M. Dake, M.D. Has published a number of papers in journals.

#### *Texas.*

Texas Homœopathic Medical Association. Annual meeting in Fort Worth, second Tuesday in May. President, T. G. Edwards, M.D., Blanco; Secretary, H. F. Fisher, M.D., Fort Worth; Delegate, Charles E. Fisher, M.D. Has published various papers in journals.

#### *Vermont.*

Vermont Homœopathic Medical Society. Annual meeting in Montpelier, last Wednesday in May. President, H. E. Packer, M.D., Barre; Secretary, W. C. Tillotson, M.D., Lydonville; Delegates, H. E. Packer, M.D., J. H. Jones, M.D., G. E. Sparhawk, M.D. Has published its annual *Transactions*.

#### *Wisconsin.*

Homœopathic Medical Society State of Wisconsin. Annual meeting in Milwaukee, second Wednesday in May. President, C. H. Hall, M.D., Madison; Secretary, F. D. Brooks, M.D., 524 Van Buren Street, Milwaukee; Delegate, Lewis Sherman, M.D. Has published its annual *Transactions*.

Milwaukee Academy of Medicine. Annual meeting in Milwaukee in December. President, Julian Ford, M.D., 375 Greenbush Street, Milwaukee; Secretary, E. W. Beebe, M.D., 173 Wisconsin Street, Milwaukee; Delegate, Lewis Sherman, M.D.

### HOMŒOPATHIC HOSPITALS.

#### *California.*

Fabiola Hospital Association, Oakland.

Good Samaritan Hospital, San Diego. Incorporated 1887. Opened for patients 1889. Executive Officer, Thomas Docking, M.D., San Diego. Supported by voluntary contributions.

*Colorado.*

Denver Sanitarium, Denver.

*Delaware.*

Homœopathic Hospital of Delaware, Wilmington. Incorporated 1888. Opened for patients 1888. Executive Officer, Daniel W. Taylor, Wilmington. Supported by endowment, board of patients and voluntary contributions. Value of hospital property, \$40,000.

*District of Columbia.*

National Homœopathic Hospital Association, Washington. Incorporated 1881. Opened for patients 1884. Executive Officer, Ralph Jenkins, M.D., 1732 Massachusetts Avenue. Supported by appropriations and contributions. Delegate, J. B. G. Custis, M.D. Value of hospital property, \$30,000.

*Florida.*

St. Luke's Hospital, Homœopathic Department, Jacksonville. Opened for patients 1882. Executive Officer, Mrs. William Bosterick. Supported by contributions and board of patients. Delegate, Henry R. Stout, M.D.

Orphanage and Home for the Friendless, Jacksonville. Executive Officer, Henry R. Stout, M.D. Supported by voluntary contributions. Delegate, Henry R. Stout, M.D.

*Illinois.*

Cook County Hospital, Homœopathic Department, Chicago. Opened for patients 1882.

Hahnemann Hospital, Chicago. Incorporated 1855. Opened for patients 1870. Executive Officer, George F. Shears, M.D., 3130 Indiana Avenue, Chicago. Supported by board of patients and donations. Delegate, H. B. Fellows, M.D. Value of hospital property, \$60,000.

Chicago Nursery and Half-Orphan Asylum, Chicago. Incorporated 1860. Opened for patients 1861. Executive Officer, Mrs. W. C. Goudy, 240 Goethe Street, Chicago. Supported by donations and board of patients. Delegate, Henry M. Hobart, M.D. Value of hospital property, \$175,000.

Foundling Home, Chicago. Incorporated 1872. Opened for patients 1874. Executive Officer, George E. Shipman, M.D., 114 South Wood Street, Chicago. Supported by "What the Lord sends from day to day." Delegate, George E. Shipman, M.D. Value of hospital property, \$75,000.

Old Ladies' Home, Chicago.

#### *Iowa.*

Homœopathic Hospital of Iowa City. Incorporated 1886. Opened for patients 1886. Executive Officer, James G. Gilchrist, M.D., 215 College Street, Iowa City. Supported by board of patients and contributions. Delegate, James G. Gilchrist, M.D.

#### *Kansas.*

Kansas Surgical Hospital, Topeka. Incorporated 1882. Opened for patients 1882.

City Hospital, Wichita. Incorporated 1888. Opened for patients 1888. Executive Officer, Mrs. W. H. Livingston, Wichita. Supported by board of patients and donations.

#### *Maryland.*

Maryland Homœopathic Hospital, Baltimore. Incorporated 1890. Opened for patients 1890. Executive Officer, Wm. DuLaney Thomas, M.D., 713 North Carey Street, Baltimore. Supported by city appropriations and private contributions. Delegate, N. W. Kneass, M.D.

#### *Massachusetts.*

Massachusetts Homœopathic Hospital, Boston. Incorporated 1855. Opened for patients 1870. Charles R. Codman, Boston. Supported by board of patients and contributions. Delegate, D. G. Woodvine, M.D. Value of hospital property, \$200,000.

Boothby Surgical Hospital. Incorporated 1889. Opened for patients 1889. Executive Officer, Alonzo Boothby, M.D., 260 Clarendon Street, Boston. Supported by board of patients and free beds. Delegate, Alonzo Boothby, M.D.

Consumptives' Home, Boston. Incorporated 1871. Opened for patients 1864. Executive Officer, Charles Cullis, M.D., Beacon

Hill Place. Supported by voluntary contributions. Value of hospital property, \$300,000. Delegate, Charles Cullis, M.D.

Temporary Home of N. E. Moral Reform Society, Boston. Incorporated 1846. Opened for patients 1846. Executive Officer, Miss E. M. Otis, 160 Huntington Avenue, Boston. Supported by voluntary contributions. Delegate, Julia Morton Plummer, M.D.

Westborough Insane Hospital, Westborough. Incorporated 1884. Opened for patients 1886. Executive Officer, N. Emmons Paine, M.D. Supported by board of patients. Value of hospital property, \$440,000. Delegate, N. Emmons Paine, M.D.

#### *Michigan.*

Homœopathic Hospital, University of Michigan, Ann Arbor. Incorporated 1875. Opened for patients 1875. Executive Officer, D. A. MacLachlan, M.D., Ann Arbor. Supported by State appropriations. Value of hospital property, \$190,000. Delegate, D. A. MacLachlan, M.D.

Grace Homœopathic Hospital, Detroit. Incorporated 1888. Opened for patients 1888. Executive Officer, Robert H. Silliman, Detroit. Supported by endowment and board of patients. Value of hospital property, \$180,000.

Michigan Asylum for Insane Criminals, Ionia. Incorporated 1883. Opened for patients 1885. Executive Officer, O. R. Long, M.D., Ionia. Supported by State and county appropriations. Value of hospital property, \$135,000. Delegate, O. R. Long, M.D.

#### *Minnesota.*

Homœopathic Hospital of Minneapolis. Incorporated 1880. Opened for patients 1881. Executive Officer, Mrs. H. L. Chase, 2450 Second Avenue, Minneapolis. Supported by board of patients and donations. Value of hospital property, \$850,000. Delegate, A. E. Higbee, M.D.

Church Home for Babies, Minneapolis. Opened for patients 1885. Executive Officer, Sister Annette Rolf, 3839 Chicago Avenue, Minneapolis. Supported by children's board and voluntary contributions. Value of hospital property, \$500,000. Delegate, H. C. Aldrich, M.D.

Maternity Hospital, Minneapolis. Incorporated 1887. Opened



for patients 1886. Executive Officer, Martha G. Ripley, M.D., 48 South Eighth Street, Minneapolis. Supported by voluntary contributions and pay from patients. Value of hospital property, \$12,000. Delegate, Martha G. Ripley, M.D.

Washburne Orphan Asylum, Minneapolis. Incorporated 1883. Opened for patients 1886. Executive Officer, Charles J. Martin, Minneapolis. Supported by endowment fund. Value of asylum property, \$400,000. Delegate, George E. Ricker, M.D.

Third Minnesota Hospital for Insane, Fergus Falls. Opened for patients 1890. Executive Officer, A. P. Williamson, M.D., Fergus Falls. Supported by State appropriations. Value of hospital property, \$179,000. Delegate, A. P. Williamson, M.D.

#### *Missouri.*

Good Samaritan Hospital and Asylum of St. Louis. Incorporated 1858. Opened for patients 1858. Executive Officer, Henry Wiebusch, 631 South Fourth Street, St. Louis. Supported by pay of patients and donations. Value of hospital property, \$40,000. Delegate, T. Griswold Comstock, M.D.

St. Louis Children's Hospital, St. Louis. Incorporated 1879. Opened for patients 1879. Executive Officer, C. H. Goodman, M.D., 2728 Washington Avenue, St. Louis. Supported by voluntary contributions. Value of hospital property, \$20,000. Delegate, C. H. Goodman, M.D.

Kansas City Homœopathic Hospital, Kansas City. Executive Officer, Mary J. Green, M.D., 817 East Eighth Street, Kansas City. Supported by voluntary contributions. Delegate, Mary J. Green, M.D.

#### *New Jersey.*

Trenton Homœopathic Hospital, Trenton. Incorporated 1887. Opened for patients 1889. Executive Officer, Col. James H. Kiger, Trenton. Supported by voluntary contributions. Value of hospital property, \$25,000. Delegate, T. H. Williams, M.D.

Newark Orphan Asylum, Newark. Incorporated 1849. Opened for inmates 1849. Executive Officer, Miss S. B. Ricord, 55 Lincoln Avenue, Newark. Supported by donations and subscriptions.

*New York.*

Albany City Homœopathic Hospital and Dispensary, Albany. Incorporated 1868. Opened for patients 1868. Executive Officer, J. W. Cox, Jr., 109 State Street, Albany. Supported by city appropriations and private donations. Value of hospital property, \$25,000. Delegate, L. M. Pratt, M.D.

Brooklyn Homœopathic Hospital, Brooklyn. Incorporated 1871. Opened for patients 1871. Executive Officer, Sturgis Coffin, 287 Henry Street, Brooklyn. Supported by appropriations and contributions. Value of hospital property, \$125,000.

Buffalo Homœopathic Hospital, Buffalo. Incorporated 1872. Opened for patients 1872. Executive Officer, Joseph J. Churchyard, Buffalo. Supported by board of patients and contributions. Value of hospital property, \$25,000.

Flower Hospital, New York. Incorporated 1889. Opened for patients 1890. Executive Officer, William Tod Helmuth, M.D., 180 West Fifty-ninth Street. Supported by New York Homœopathic Medical Society and voluntary contributions. Value of hospital property, \$60,000. Delegate, William Tod Helmuth, M.D.

Hahnemann Hospital, New York. Incorporated 1875. Opened for patients 1875. Executive Officer, William Swan, 13 West Thirty-eighth Street. Supported by voluntary contributions and board of patients. Value of hospital property, \$100,000. Delegate, T. Franklin Smith, M.D.

Homœopathic Hospital of Ward's Island, New York. Opened for patients 1875. Supported by city appropriations. Executive Officer, Alfred K. Hills, M.D., 465 Fifth Avenue, New York. Delegate, T. Franklin Smith, M.D.

Laura Franklin Hospital for Children, New York. Incorporated 1888. Opened for patients 1886. Executive Officer, H. M. Dearborn, M.D., 152 West Fifty-seventh Street, New York. Supported by endowment. Value of hospital property, \$100,000. Delegate, Sidney F. Wilcox, M.D.

New York Homœopathic Sanitarium, New York. Opened for patients 1890. Executive Officer, Sidney F. Wilcox, M.D., Broadway and Fifty-seventh Street, New York. Supported by fees of patients. Delegate, Sidney F. Wilcox, M.D.

Hahnemann Homœopathic Hospital, Rochester. Incorporated 1889. Opened for patients 1889. Executive Officer, W. H. H.

Rogers, Rochester. Supported by board of patients. Value of hospital property, \$25,000.

Faxton Hospital, Utica. Incorporated 1873. Opened for patients 1875. Executive Officer, Mrs. William H. Bright, 11 Runkle Street, Utica. Supported by endowment and board of patients. Value of hospital property, \$60,000. Delegate, M. O. Terry, M.D.

Albany House of Shelter, Albany. Incorporated 1869. Opened for patients 1869. Executive Officer, Miss Mary L. Dare, 52 Howard Street, Albany. Supported by city appropriations and donations. Value of hospital property, \$30,000. Delegate, H. M. Paine, M.D.

Children's Home, Amsterdam.

Brooklyn Home for Consumptives, Brooklyn. Incorporated 1881. Opened for patients 1881. Executive Officer, Mrs. H. B. Platt, 241 Washington Avenue, Brooklyn.

Brooklyn Maternity and New York State School for Training Nurses, Brooklyn. Incorporated 1871. Opened for patients 1871. Executive Officer, Mrs. Tobias New, 50 Gates Avenue, Brooklyn. Supported by appropriations and subscriptions. Delegate, R. C. Moffet, M.D.

Brooklyn Memorial Hospital for Women and Children, Brooklyn. Incorporated 1883. Opened for patients 1884. Executive Officer, Miss A. K. Mirrieles, 485 Greene Avenue, Brooklyn. Supported by appropriations and donations. Value of hospital property, \$15,000.

New York State Homœopathic Hospital for the Insane, Middletown. Incorporated 1870. Opened for patients 1874. Executive Officer, Selden H. Talcott, M.D., Middletown. Supported by patients' board and products of the farm. Value of hospital property, \$875,000. Delegate, Selden H. Talcott, M.D.

Baptist Home for the Aged, New York. Incorporated 1869. Opened for patients 1869. Executive Officer, Mrs. William Todd, 11 West Fifty-eighth Street, New York. Supported by subscriptions and donations. Delegate, W. E. Rounds, M.D.

Helmuth House, New York. Opened for patients 1886. Executive Officer, William Tod Helmuth, Jr., M.D., 41 East Twelfth Street. Supported by board of patients. Delegate, William Tod Helmuth, Jr., M.D.

Hospital of Five Points' House of Industry, New York. Incorporated 1861. Opened for patients 1861. Executive Officer, William F. Barnard, 155 Worth Street, New York. Supported by contributions. Value of hospital property, \$42,000.

New York Ophthalmic Hospital, New York. Incorporated 1852. Opened for patients 1852. Executive Officer, R. C. Root, 201 East Twenty-third Street, New York. Supported by contributions. Value of hospital property, \$115,000. Delegate, Arthur B. Norton, M.D.

New York Medical College and Hospital for Women, New York. Incorporated 1863. Opened for patients 1863. Executive Officer, Cordelia Williams, M.D., 30 East Twenty-second Street, New York. Supported by board of patients and subscriptions. Delegate, Cordelia Williams, M.D.

Glenmary Home, Owego. Incorporated 1889. Opened for patients 1889. Executive Officer, Amos J. Givens, M.D., Owego. Supported by board of patients. Value of hospital property, \$25,000. Delegate, E. E. Snyder, M.D.

#### *Ohio.*

Ohio Hospital for Women and Children, Cincinnati. Incorporated 1881. Opened for patients 1882. Executive Officer, Mrs. William E. Waters, Price Hill, Cincinnati. Supported by contributions and board of patients. Value of hospital property, \$20,000. Delegate, Ellen M. Kirk, M.D.

Cleveland Homœopathic Hospital, Cleveland. Incorporated 1867. Opened for patients 1869. Executive Officer, Harlan Pomeroy, M.D., 526 Prospect Street, Cleveland. Supported by donations and board of patients. Value of hospital property, \$100,000. Delegate, Harlan Pomeroy, M.D.

Protestant Hospital, Toledo. Incorporated 1876. Opened for patients 1874. Executive Officer, Mrs. A. E. Scott, 721 Ontario Street, Toledo. Supported by donations and board of patients. Value of hospital property, \$35,000.

#### *Oregon.*

Children's Home, Portland. Incorporated 1870. Opened for patients 1870. Executive Officer, Henry C. Jeffers, M.D., Port-

land. Supported by voluntary contributions. Value of hospital property, \$50,000. Delegate, Henry C. Jeffers, M.D.

*Pennsylvania.*

Children's Homœopathic Hospital of Philadelphia. Incorporated 1877. Opened for patients 1877. Executive Officer, N. B. Kelly, 8 Walnut Street Wharf, Philadelphia. Supported by endowment. Value of hospital property, \$75,000. Delegate, Bushrod W. James, M.D.

Hahnemann Medical College Hospital, Philadelphia. Incorporated 1885. Opened for patients 1887. Executive Officer, William C. Hannis, 526 Drexel Building, Philadelphia. Supported by endowment and subscriptions. Value of hospital property, \$390,000. Delegate, Charles Mohr, M.D.

Medical, Surgical and Maternity Hospital of the Woman's Homœopathic Association of Pennsylvania, Philadelphia. Incorporated 1882. Opened for patients 1884. Executive Officer, Mrs. F. B. Skinner, P. O. Box 765, Philadelphia. Supported by endowment and board of patients. Value of hospital property, \$174,000. Delegate, Bushrod W. James, M.D.

Homœopathic Medical and Surgical Hospital and Dispensary of Pittsburgh. Incorporated 1861. Opened for patients 1866. Executive Officer, W. D. Search, Pittsburgh. Supported by contributions and board of patients. Value of hospital property, \$250,000. Delegate, J. C. Burgher, M.D.

Boys' Boarding Home, Allegheny. Opened for patients 1887. Executive Officer, Mrs. N. M. Creery, Allegheny. Supported by donations and board of boys. Delegate, J. Richey Horner, M.D.

Christian Home for Women, Allegheny. Opened for patients 1872. Executive Officer, Mrs. Felix R. Bruno, 50 Stockton Avenue, Allegheny. Supported by board of patients and donations. Delegate, J. Richey Horner, M.D. Value of hospital property, \$300,000.

Convent of Benedictine Sisters, Erie. Opened for inmates 1865. Executive Officer, Mother Superior, 327 West Ninth Street, Erie. Supported by contributions. Delegate, Edward Cranch, M.D.

Home for the Aged Poor, conducted by Little Sisters of the Poor, Pittsburgh. Opened for inmates, 1884. Executive Officer, Sister

Annie de Ste. Therese. Supported by voluntary contributions. Delegate, L. G. Rousseau, M.D.

Protestant Home for Incurables, Pittsburgh. Incorporated 1883. Opened for patients 1885. Executive Officer, Miss Mary E. McCandless, Pittsburgh. Value of hospital property, \$90,000. Delegate, C. D. Herron, M.D. Supported by board of patients and endowment fund.

*Rhode Island.*

Rhode Island Homœopathic Hospital, Providence. Incorporated 1878. Opened for patients 1886. Executive Officer, Mrs. William von Gottschalk, Providence. Supported by voluntary contributions and board of patients. Value of hospital property, \$34,000. Delegate, George B. Peck, M.D.

*Texas.*

Protestant Home for Destitute Children, San Antonio. Incorporated 1886. Opened for patients 1887. Executive Officer, Mrs. George S. Chabot, San Antonio. Supported by voluntary contributions and donations. Delegate, Charles E. Fisher, M.D.

*Wisconsin.*

Babies' Home, Milwaukee. Incorporated 1885. Opened for inmates 1885. Executive Officer, Mrs. Quinn, 566 Jefferson Street, Milwaukee. Supported by subscriptions and board of infants. Delegate, F. D. Brooks, M.D.

Milwaukee Orphan Asylum, Milwaukee.

HOMŒOPATHIC DISPENSARIES.

*California.*

Oakland Homœopathic Dispensary, Oakland. Incorporated 1890. Opened for patients 1890. Executive Officer, H. L. Cunningham, M.D., 1358 Grove Street, Oakland. Delegate, H. L. Cunningham, M.D.

Hahnemann Homœopathic Dispensary, San Francisco. Incorporated 1887. Opened for patients 1888. Executive Officer, S. G. North, M.D., 426 Sutter Street, San Francisco. Delegate, S. G. North, M.D.

Pacific Homœopathic Dispensary, San Francisco. Incorporated 1876. Opened for patients, 1876. Executive Officer, Mrs. D'Orville Libby, 822 Twenty-first Street, San Francisco.

*Colorado.*

Denver Free Homœopathic Dispensary, Denver. Opened for patients 1889. Executive Officer, S. F. Shannon, M.D., 631 Sixteenth Street, Denver.

*Delaware.*

Homœopathic Free Dispensary of Wilmington. Incorporated 1888. Opened for patients 1888. Executive Officer, Daniel W. Taylor, Wilmington.

*District of Columbia.*

Homœopathic Free Dispensary of Washington. Incorporated 1882. Opened for patients 1882. Executive Officer, Miss Eugenia N. Davis, 438 New Jersey Avenue, S. E., Washington.

*Illinois.*

Central Homœopathic Free Dispensary, Chicago. Incorporated 1875. Opened for patients 1854. Executive Officer, Mrs. Mary E. Chisholm, 906 Warren Avenue, Chicago.

Rock Island Free Homœopathic Medical Dispensary, Rock Island. Opened for patients 1881. Executive Officer, W. A. Paul, M.D., Rock Island. Delegate, W. A. Paul, M.D.

*Kansas.*

Samaritan Mission and Free Dispensary, Kansas City. Incorporated 1883. Opened for patients 1881. Executive Officer, Emily P. Newcombe, M.D., 47 and 49 North First Street, Kansas City.

*Maryland.*

Homœopathic Dispensary and Hospital of Baltimore City. Incorporated 1877. Opened for patients 1875. Executive Officer, Jordan Stadler, Eutaw, Madison and Garden Streets, Baltimore. Delegate, Alfred Wanstall, M.D.

Maryland Homœopathic Free Dispensary, Baltimore. Incor-

porated 1890. Opened for patients 1890. Executive Officer, W. De Lanay Thomas, M.D., 713 North Carey Street, Baltimore. Delegate, O. Edward Janney, M.D.

*Massachusetts.*

Homœopathic Medical Dispensary, Central Branch, Boston. Incorporated 1856. Opened for patients 1857. Executive Officer, I. T. Talbot, M.D., 66 Marlborough Street, Boston. Delegate, I. T. Talbot, M.D.

Homœopathic Medical Dispensary, College Branch, Boston. Incorporated 1856. Opened for patients 1875. Executive Officer, I. T. Talbot, M.D., 66 Marlborough Street, Boston. Delegate, I. T. Talbot, M.D.

Homœopathic Medical Dispensary, West End Branch, Boston. Incorporated 1856. Opened for patients 1872. Executive Officer, I. T. Talbot, M.D., 66 Marlborough Street, Boston. Delegate, I. T. Talbot, M.D.

Roxbury Homœopathic Dispensary, Roxbury. Incorporated 1887. Opened for patients 1887. Executive Officer, Albert C. Burrage, 25 Montrose Street, Roxbury. Delegate, W. L. Jackson, M.D.

Worcester Homœopathic Free Dispensary, Worcester. Incorporated 1885. Opened for patients 1880. Executive Officer, Otis Goodwin, M.D. Delegate, Otis Goodwin, M.D.

*Michigan.*

University of Michigan Free Homœopathic Dispensary, Ann Arbor. Incorporated 1875. Opened for patients 1879. Executive Officer, D. A. MacLachlan, M.D.

Grace Homœopathic Dispensary, Detroit. Incorporated 1888. Opened for patients 1889. Executive Officer, Robert H. Sullivan, Detroit.

*Minnesota.*

University Homœopathic Dispensary, Minneapolis. Incorporated 1888. Opened for patients 1888. Executive Officer, Henry C. Aldrich, M.D., Syndicate Block, Minneapolis. Delegate, Henry C. Aldrich, M.D.



*Missouri.*

Homœopathic Free Dispensary, St. Louis. Opened for patients 1878. Executive Officer, James A. Campbell, M.D., 1729 Washington Avenue, St. Louis. Delegate, James A. Campbell, M.D.

*New Jersey.*

West Jersey Homœopathic Hospital and Dispensary Association, Camden. Executive Officer, John T. Cox, Camden. Opened for patients, 1891.

*New York.*

Albany City Homœopathic Hospital and Dispensary, Albany. Incorporated 1868. Opened for patients 1868. Executive Officer, James W. Cox, Jr., 109 State Street, Albany. Delegate, L. M. Pratt, M.D.

Brooklyn Homœopathic Hospital Dispensary, Brooklyn. Incorporated 1852. Opened for patients 1853. Executive Officer, Alton G. Waener, M.D., 71 Orange Street, Brooklyn.

Brooklyn, E. D., Homœopathic Dispensary, Brooklyn. Incorporated 1872. Opened for patients 1872. Executive Officer, H. D. Schenck, M.D., 247 Macdonough Street, Brooklyn, Delegate, H. D. Schenck, M.D.

Dispensary of the Memorial Hospital for Women and Children, Brooklyn. Incorporated 1883. Opened for patients 1881. Executive Officer, Mary E. Grady, M.D., 436 Monroe Street, Brooklyn.

Gates Avenue Homœopathic Dispensary, Brooklyn. Incorporated 1867. Opened for patients 1867. Executive Officer, V. Aldridge, 66 Court Street, Brooklyn.

Buffalo Homœopathic Eye and Ear Dispensary, Buffalo. Incorporated 1882. Opened for patients 1882. Executive Officer, F. Park Lewis, M.D., 188 Franklin Street, Buffalo. Delegate, F. Park Lewis, M.D.

Flatbush Homœopathic Dispensary, Flatbush. Opened for patients 1890. Executive Officer, Robert Boocock, M.D.

Avenue "A" Homœopathic Dispensary, New York City. Incorporated 1883. Opened for patients 1882. Executive Officer, C. P. Elebash, M.D., 228 East Nineteenth Street, New York.

Dispensary Five Points House of Industry, New York City. Incorporated 1854. Opened for patients 1861. Executive Officer, William F. Barnard, 155 North Street, New York.

Dispensary of New York Medical College and Hospital for Women, New York city. Incorporated 1863. Opened for patients 1863. Executive Officer, Cordelia Williams, M.D., 30 East Twenty-second Street, New York. Delegate, Cordelia Williams, M.D.

Homœopathic Dispensary for Women and Children, New York city. Opened for patients 1883. Executive Officer, Caroline J. Yeomans Keep, M.D., 267 West Thirty-ninth Street, New York. Delegate, C. J. Y. Keep, M.D.

Hamilton Homœopathic Dispensary, New York city. Opened for patients 1890. Executive Officer, Frank L'C. Dowe, M.D., 1258 Boston Avenue, New York.

Hamilton Dispensary, Homœopathic, New York city. Opened for patients 1891. Executive Officer, Floyd P. Sheldon, M.D., 23 West One Hundred and Twenty-seventh Street, New York.

Harlem Homœopathic Dispensary, New York city. Opened for patients 1872. Executive Officer, Samuel G. Sewall, M.D., 1633 Madison Avenue, New York.

New York Homœopathic Medical College Dispensary, New York. Incorporated 1859. Opened for patients 1859. Executive Officer, St. Clair Smith, M.D., 8 West Thirty-eighth Street, New York. Delegate, St. Clair Smith, M.D.

Yorkville Homœopathic Dispensary, New York city. Opened for patients 1883. Executive Officer, A. R. McMichael, M.D., 969 Madison Avenue, New York.

Homœopathic Free Dispensary, Rochester. Opened for patients 1883.

Syracuse Homœopathic Free Dispensary, Syracuse. Opened for patients 1889. Executive Officer, E. Elmer Keeler, M.D., 414 South Salina Street, Syracuse.

### *Ohio.*

Free Dispensary of Ohio Hospital for Women and Children, Cincinnati. Incorporated 1881. Opened for patients 1880. Executive Officer, Mrs. Alma Waters, Price Hill, Cincinnati. Delegate, Ellen M. Kirk, M.D.

Homœopathic Free Dispensary, Cincinnati. Incorporated 1867. Opened for patients 1867. Executive Officer, Charles E. Walton,

M.D., Seventh and John Streets, Cincinnati. Delegate, Charles E. Walton, M.D.

Dispensary of Cleveland Medical College, Cleveland. Opened for patients 1890. Executive Officer, C. C. True, M.D., 106 Euclid Avenue, Cleveland. Delegate, C. C. True, M.D.

Free Medical and Surgical Dispensary for Women and Children. Incorporated 1878. Opened for patients 1878. Executive Officer, Martha M. Stone, M.D., 316 Prospect Street, Cleveland.

Good Samaritan Homœopathic Dispensary, Cleveland. Incorporated 1849. Opened for patients 1849. Executive Officer, H. D. Bishop, M.D.

#### *Pennsylvania.*

Homœopathic Dispensary of Germantown. Opened for patients 1872.

Hahnemann Medical College Dispensary of Philadelphia. Incorporated 1848. Opened for patients 1848. Executive Officer, William B. Hannis, 536 Drexel Building, Philadelphia. Delegate, Charles Mohr, M.D.

Homœopathic Medical and Surgical Hospital and Dispensary, Pittsburgh. Incorporated 1866. Opened for patients 1866. Executive Officer, George L. McCoy. Delegate, James H. McClelland, M.D.

#### *Rhode Island.*

Providence Free Homœopathic Dispensary, Providence. Incorporated 1884. Opened for patients 1874. Executive Officer, Charles W. Bowen, 317 Westminster Street, Providence.

#### HOMŒOPATHIC JOURNALS.

The American Homœopathist. Published by A. L. Chatterton & Co., 78 Maiden Lane, New York. Edited by Frank Kraft, M.D., Cleveland, O. Established 1876.

The Ann Arbor Alumnus. Edited by R. S. Copeland, M.D. and assistants, Ann Arbor, Mich. Established 1890. Delegate, D. A. MacLachlan, M.D.

The California Homœopath. Published by Boericke & Scheck, 234 Sutter Street, San Francisco, Cal. Edited by William Boericke, M.D., W. A. Dewey, M.D., C. L. Tisdale, M.D. Established 1882.

**The Chironian.** Published and edited by students of the New York Homœopathic Medical College. Established 1884.

**The Clinical Reporter.** Published by Foulon & Co., 219 Chestnut Street, St. Louis, Mo. Edited by Irenæus D. Foulon, M.D., St. Louis. Established 1887.

**The Clinique.** Published by E. S. Bailey, 2034 Washington Avenue, Chicago, Ill. Edited by R. Ludlam, M.D., 1823 Michigan Avenue, Chicago, Ill. Delegate, R. Ludlam, M.D. Established 1879.

**The Hahnemannian Monthly.** Published by Hahnemannian Monthly, 419 Pine Street, Philadelphia, Pa. Edited by Clarence Bartlett, M.D., William B. Van Lennep, M.D., William W. Van Baun, M.D. Established 1866. Delegate, Clarence Bartlett, M.D.

**The Homœopathic Advocate and Health Journal.** Published by Advocate Publishing Company, 323 North Paca Street, Baltimore, Md. Edited by Eldridge C. Price, M.D., 1013 Linden Avenue, Baltimore, Md. Established 1890. Delegate, Eldridge G. Price, M.D.

**The Homœopathic Envoy.** Published by E. P. Anschutz, P.O. Box 921, Philadelphia, Pa. Edited by E. P. Anschutz, P.O. Box 921, Philadelphia, Pa. Established 1890.

**The Homœopathic Expositor.** Published by Norton & Conklin, Ithaca, N. Y. Edited by E. J. Morgan, Jr., M.D., Tarrytown, N. Y. Established 1853.

**The Homœopathic Journal of Obstetrics, Gynæcology, and Pædology.** Published by A. L. Chatterton & Co., 78 Maiden Lane, New York city. Edited by A. L. Chatterton, 200 Hancock Street, Brooklyn. Established 1879.

**The Homœopathic Physician.** Published by Walter M. James, M.D., 1125 Spruce Street, Philadelphia, Pa. Edited by Walter M. James, M.D., George H. Clark, M.D. Established 1881. Delegate, Walter M. James, M.D.

**The Homœopathic Recorder.** Published by Boericke & Tafel, 1011 Arch Street, Philadelphia, Pa. Edited by E. Anschutz. Established 1886.

**The Journal of Electro-Therapeutics.** Published by A. L. Chatterton & Co., 78 Maiden Lane, New York city. Edited by W. H.

King, M.D., 23 West Fifty-third Street, New York city. Established 1889. Delegate, W. H. King, M.D.

The Journal of Ophthalmology, Otology, and Laryngology. Published by A. L. Chatterton & Co., 78 Maiden Lane, New York city. Edited by Charles Deady, M.D., 59 West Forty-ninth Street, New York city. Established 1889. Delegate, Charles Deady, M.D.

The Medical Argus. Published by F. F. Casseday, M.D., Minneapolis, Minn. Edited by F. F. Casseday, M.D., 828 First Avenue, S., Minneapolis, Minn. Established 1890.

The Medical Advance. Published by John Rice Minor, 415 Dearborn Street, Chicago, Ill. Edited by Henry C. Allen, M.D., 5401 Jefferson Avenue, Hyde Park, Chicago, Ill. Established 1872. Delegate, Henry C. Allen, M.D.

The Medical Current. Published by W. A. Chatterton, 182 Clark Street, Chicago, Ill. Edited by Eugene F. Storke, M.D., 207 Mack Block, Denver, Colo. Established 1885. Delegate, Eugene F. Storke, M.D.

The Medical Era. Published by the Medical Era, 190 Thirty-first Street, Chicago, Ill. Edited by Charles Gatchell, M.D., Ann Arbor, Mich. Established 1883. Delegate, Charles Gatchell, M.D.

The Medical Visitor. Published by T. S. Hoyne, M.D., 1833 Indiana Avenue, Chicago, Ill. Edited by T. S. Hoyne, M.D., 1833 Indiana Avenue, Chicago, Ill. Established 1885. Delegate, T. S. Hoyne, M.D.

The New England Medical Gazette. Published by Otis Clapp & Son, 10 Park Square, Boston, Mass. Edited by J. P. Sutherland, M.D., 157 Newberry Street, Boston, Mass. Delegate, J. P. Sutherland, M.D.

The New Remedies. Published by Gross & Dellbridge, 48 Madison Street, Chicago, Ill. Edited by James E. Gross, M.D., 48 Madison Street, Chicago, Ill. Established 1889. Delegate, James E. Gross, M.D.

The North American Journal of Homœopathy. Published by Journal Publishing Club, 152 West Thirty-fourth Street, New York city. Edited by George M. Dillow, M.D., and associates, 102 West Forty-third Street, New York city. Established 1852. Delegate, George M. Dillow, M.D.

The North Western Journal of Homœopathy. Published by F. J.

Newberry, Iowa City, Ia. Edited by A. C. Cowperthwaite, M.D., Iowa City, Ia. Established 1888. Delegate, A. C. Cowperthwaite, M.D.

The People's Health Journal. Published by L. D. & I. W. Rogers, 441 Dearborn Avenue, Chicago, Ill. Edited by L. D. Rogers, M.D., and Ida Wright Rogers, M.D., 441 Dearborn Avenue, Chicago. Established 1885. Delegate, L. D. Rogers, M.D.

The Pulte Quarterly. Published by the Pulte Quarterly, 104 West Eighth Street, Cincinnati, O. Edited by Thomas M. Stewart, M.D., 104 West Eighth Street, Cincinnati, O. Established 1890. Delegate, Thomas M. Stewart, M.D.

The Southern Journal of Homœopathy. Published by T. Engelbach, 150 Canal Street, New Orleans, La. Edited by Charles E. Fisher, M.D., San Antonio, Tex. Established 1883. Delegate, Charles E. Fisher, M.D.

The United States Medical Investigator. Published by W. A. Chatterton, 182 Clark Street, Chicago, Ill. Edited by Charles H. Evans, M.D., Chicago. Delegate, Charles H. Evans, M.D.

## HOMŒOPATHIC MEDICAL SOCIETIES IN THE UNITED STATES.

NAME.	State.	Organized.	Incorporated.	Meetings.	Members.	Admitted last Year.	Died Last Year.	Annual Dues.
NATIONAL HOMŒOPATHIC MEDICAL SOCIETIES.								
1. American Inst. of Homœopathy.		1844	Not.	Ann.	1240	241	19	\$5.00
2. International Hahnem. Assoc'n.		1880	Not.	Ann.	136	14	2	5.00
3. American Obstetrical Society.		1885	1885	Ann.	152	None.	None.	1.00
SECTIONAL HOMŒOPATHIC MEDICAL SOCIETIES.								
1. Western Academy of Homœop'y.		1874	Not.	Ann.	210	.....	.....	.....
2. Southern Hom. Medical Assoc'n.		1885	Not.	Ann.	144	32	1	3.00
STATE HOMŒOPATHIC MEDICAL SOCIETIES.								
1. Alabama Hom. State Medical Soc.	Ala.	1890	1890	Ann.	13	13	None.	2.00
2. California State Hom. Med. Soc.	Cal.	1877	1877	Ann.	100	20	None.	2.00
3. Hom. Med. Soc. State of Colorado.	Col.	1881	Not.	Ann.	50	26	1	2.00
4. Connecticut Hom. Medical Soc.	Conn.	1851	1864	S.An.	94	2	None.	3.00
5. Hom. Medical Society of Delaware and the Peninsula.	Del.	1884	1889	Ann.	.....	.....	.....	.....
6. Florida Hom. Medical Society.	Fla.	1889	Not.	Ann.	15	2	None.	1.00
7. Illinois Hom. Medical Assoc'n.	Ill.	1855	1855	Ann.	331	20	3	None.
8. Indiana Institute of Homœopathy.	Ind.	1867	1882	Ann.	87	41	2	2.00
9. Hahnem. Med. Assoc'n of Iowa.	Iowa.	1870	1877	Ann.	150	20	None.	2.00
10. Hom. Med. Soc. of State of Kansas.	Kan.	1869	1871	Ann.	122	9	None.	1.00
11. Kentucky State Hom. Med. Soc.	Ky.	1886	1888	Ann.	80	3	None.	2.00
12. Maine Hom. Medical Society.	Me.	1867	1867	Ann.	62	2	None.	1.00
13. Maryland State Hom. Med. Soc.	Md.	1875	1875	S.An.	54	14	1	3.00
14. Massachusetts Hom. Medical Soc.	Mass.	1840	1856	S.An.	260	36	3	5.00
15. Hom. Med. Soc. State of Michigan.	Mich.	1869	1869	Ann.	99	15	1	2.00
16. Minnesota State Hom. Institute.	Minn.	1867	1867	Ann.	88	8	None.	2.00
17. Missouri Institute of Hom'pathy.	Mo.	1876	Not.	Ann.	200	25	None.	2.00
18. Nebraska State Hom. Society.	Neb.	1873	1893	Ann.	80	11	2	1.00
19. Hom. Medical Society State of New Hampshire.	N. H.	1853	1853	Qur.	40	8	None.	1.00
20. New Jersey Hom. Medical Soc.	N. J.	1854	1870	S.An.	150	10	None.	1.00
21. Hom. Med. Soc. State of New York.	N. Y.	1850	1863	S.An.	400	64	20	3.00
22. Hom. Med. Soc. State of Ohio.	Ohio.	1864	1878	Ann.	254	25	2	2.00
23. Hom. Med. Soc. State of Oregon.	Oreg.	1876	1876	Ann.	27	4	2	2.00
24. Hom. Medical Soc. State of Penn.	Penn.	1866	Not.	S.An.	234	28	4	2.00
25. Rhode Island State Hom. Med. Soc.	R. I.	1850	1850	Qur.	41	1	None.	5.00
26. Hom. Med. Soc. State of Tennes'e.	Tenn.	1875	1890	Ann.	47	19	None.	1.00
27. Texas Hom. Medical Association.	Texas.	1884	1884	Ann.	50	8	1	2.00
28. Vermont Hom. Medical Society.	Vt.	1854	1858	S.An.	50	1	None.	1.00
29. Hom. Med. Soc. State of Wisconsin.	Wis.	1865	1865	Ann.	75	6	None.	2.00

LOCAL HOMOEOPATHIC MEDICAL SOCIETIES.

NAME.	State.	Organized.	Incorporated.	Meetings.	Members.	Admitted last Year.	Died Last Year.	Annual Dues.
1. Alameda County Hom. Med. Soc.	Cal.	1877	Not.	Mth.	18	3	None.	\$1.00
2. Los Angeles Hom. Medical Soc.	Cal.	1885	Not.	Mth.	28	None.	None.	None.
3. San Diego County Hom. Med. Soc.	Cal.	1889	Not.	Mth.	10	None.	None.	2.00
4. Hom. Clinical Soc. of Maryland and Dist. of Columbia, Washington Branch.	D. C.	1890	Not.	Mth.	19	19	None.	2.00
5. Washington Hom. Medical Soc.	D. C.	1870	1870	Mth.	40	3	None.	None.
6. Chicago Academy of Hom. Physicians and Surgeons.	Ill.	1869	Not.	Mth.	100	27	None.	1.00
7. Clinical Soc. of Hahnemann Hospital of Chicago.	Ill.	1877	Not.	Mth.	113	10	2	1.00
8. Rock Island Institute of Hom'ly.	Ill.	1878	1880	Qur.	28	4	1	1.00
9. Woman's Hom. Medical Society of Chicago.	Ill.	1880	Not.	Mth.	32	3	None.	1.00
10. Cedar Valley Hom. Med. Assoc'n.	Iowa.	1878	Disban	de d.				
11. Central Hom. Assoc'n of Iowa.	Iowa.	1879	Not.	S.An.	20	5	None.	None.
12. Northeastern Iowa Hom. Med. Soc.	Iowa.	1882	Not.	S.An.	10	None.	None.	1.00
13. Sioux City Hom. Medical Assoc'n.	Iowa.	1888	Not.	Mth.	12	2	None.	2.00
14. Hom. Medical Society of Wichita.	Kan.	1887	Not.	Mth.	8	None.	None.	1.00
15. Shawnee County Hom. Med. Soc.	Kan.	1881	1882	Mth.	15	None.	None.	None.
16. Maryland Academy of Medicine.	Md.	1891	1891	Mth.	16	16	None.	None.
17. Hom. Clinical Society of Maryland and District of Columbia, Maryland Branch.	Md.	1891	Not.	Mth.	30	30	None.	2.00
18. Alumni Assoc'n of Boston University School of Medicine.	Mass.	1878	Not.	Ann.	540	27	3	None.
19. Boston Hom. Medical Society.	Mass.	1873	Not.	Mth.	209	12	1	1.00
20. Dispensary Association of Boston University School of Medicine.	Mass.	1879	Not.	Ann.	50	None.	None.	None.
21. Essex County Hom. Med. Society.	Mass.	1873	Not.	Mth.	25	5	None.	1.00
22. Plymouth County Hom. Med. Soc.	Mass.	1887	Not.	Qur.	12	4	1	1.00
23. Massachusetts Surgical and Gynecological Society.	Mass.	1876	Not.	S.An.	135	9	None.	1.00
24. Hom. Med. Soc. of Western Mass.	Mass.	1877	Not.	Qur.	40	2	None.	1.00
25. Worcester Co. Hom. Medical Soc.	Mass.	1866	Not.	Qur.	45	5	1	1.00
26. Alumni Assoc. Univ. of Michigan.	Mich.	1878	1879	Ann.	95	None.	None.	.50
27. College of Physicians and Surgeons of Michigan.	Mich.	1878	1878	Mth.	32	4	None.	2.00
28. Hahnemann Medical Society of Barry and Eaton Counties.	Mich.	1879	.....	.....	.....	.....	.....	.....
29. Hom. Medical Society of Southwestern Michigan.	Mich.	1886	Not.	Qur.	26	1	None.	None.
30. Saginaw Valley Hom. Med. Assoc.	Mich.	1886	.....	.....	.....	.....	.....	.....
31. St. Paul and Minneapolis Academy of Hom. Medicine.	Minn.	1888	Not.	Mth.	54	5	None.	1.00
32. St. Louis Society of Hom. Physicians and Surgeons.	Mo.	1876	Not.	S.An.	30	5	None.	2.00
33. West Jersey Hom. Medical Soc.	N. J.	1869	Not.	Qur.	60	2	None.	1.00
34. Alumni Association of New York Hom. Medical College.	N. Y.	1883	Not.	Ann.	510	50	6	1.00
35. Alumni Assoc. of New York Medical Col. and Hosp. for Women.	N. Y.	1875	Not.	Mth.	228	9	None.	1.00
36. Albany Co. Hom. Medical Society.	N. Y.	1861	1861	Qur.	20	1	1	2.00
37. Allegheny Co. Hom. Med. Society.	N. Y.	1883	Not.	Qur.	12	None.	None.	None.
38. Brooklyn Hom. Hospital and Dispensary Staff Assoc'n.	N. Y.	1882	1882	Mth.	19	2	1	1.00



## LOCAL HOMOEOPATHIC MEDICAL SOCIETIES—CONTINUED.

NAMES.	State.	Organized.	Incorporated.	Meetings.	Members.	Admitted last Year.	Died Last Year.	Annual Dues.
39. Broome County Hom. Med. Soc.	N. Y.	1882	1892	Mth.	31	7	1	\$1.00
40. Cayuga County Hom. Med. Soc.	N. Y.	1859	1883	Qnr.	20	None.	None.	None.
41. Chemung County Hom. Med. Soc.	N. Y.	1871	1872	S.An.	11	None.	None.	1.00
42. Chenango County Hom. Med. Soc.	N. Y.	1861	1861	S.An.	6	1	None.	1.00
43. Central New York Hom. Med. Soc.	N. Y.	1850	Not.	Qnr.	.....	.....	.....	.....
44. Columbia and Green Counties Hom. Medical Society.	N. Y.	1861	1861	S.An.	12	None.	None.	None.
45. Dutchess County Hom. Med. Soc.	N. Y.	1860	1871	S.An.	16	None.	None.	1.00
46. Erie County Hom. Med. Society.	N. Y.	1854	1854	Ann.	35	8	None.	1.00
47. Hom. Med. Soc. County of Kings.	N. Y.	1857	1857	Mth.	112	15	1	2.00
48. Hom. Med. Soc. Co. of New York.	N. Y.	1857	1857	Mth.	225	16	2	2.00
49. Hom. Med. Soc. of West'n N. York.	N. Y.	1885	Not.	Qnr.	116	5	1	1.00
50. Livingston Co. Hom. Med. Soc.	N. Y.	1857	1857	Ann.	15	None.	None.	1.00
51. Hom. Med. Soc. of Madison Co.	N. Y.	1865	Not.	S.An.	12	None.	None.	None.
52. Montgomery Co. Hom. Med. Soc.	N. Y.	1880	Not.	Qnr.	11	1	None.	1.00
53. Med. Soc. of Northern New York.	N. Y.	1852	1857	Ann.	80	None.	None.	1.00
54. Oneida and Herkimer Counties Hom. Medical Society.	N. Y.	1857	Not.	Qnr.	23	3	1	1.00
55. Otsego County Hom. Med. Soc.	N. Y.	1868	Not.	Mth.	32	3	None.	1.00
56. Ontario County Hom. Med. Soc.	N. Y.	1861	1862	S.An.	12	None.	None.	1.50
57. Orange County Hom. Med. Soc.	N. Y.	1851	Not.	S.An.	19	3	None.	None.
58. Oswego County Hom. Med. Soc.	N. Y.	1861	1861	Qnr.	11	None.	None.	None.
59. Rensselaer Co. Hom. Med. Soc.	N. Y.	1896	Not.	Mth.	10	None.	None.	1.00
60. Seneca County Hom. Med. Society.	N. Y.	1873	1873	S.An.	8	None.	None.	1.00
61. Southern Tier Hom. Med. Society.	N. Y.	1874	1878	Qnr.	26	4	None.	1.00
62. Medical Society of Tompkins Co.	N. Y.	1880	1883	S.An.	12	None.	None.	1.00
63. Ulster County Hom. Medical Soc.	N. Y.	1865	1865	Ann.	18	None.	None.	1.00
64. Wayne County Hom. Medical Soc.	N. Y.	1864	Not.	Qnr.	15	None.	None.	None.
65. Westchester Co. Hom. Med. Soc.	N. Y.	1865	1865	S.An.	26	1	None.	1.00
66. Cincinnati Hom. Med. Lyceum.	Ohio.	1889	Not.	Mth.	48	8	None.	None.
67. Cincinnati Hom. Medical Society.	Ohio.	1860	Not.	Mth.	Disbanded.			
68. Cleveland Academy of Medicine.	Ohio.	1891	1891	Mth.	40	40	None.	4.00
69. Eastern Ohio Hom. Med. Society.	Ohio.	1873	1884	S.An.	65	7	1	None.
70. Lorain County Hom. Med. Soc.	Ohio.	1868	Not.	S.An.	8	None.	None.	1.00
71. Montgomery Co. Hom. Med. Soc.	Ohio.	1861	1870	S.An.	51	10	5	None.
72. Summit County Hom. Med. Soc.	Ohio.	1885	Not.	Mth.	12	1	None.	.25
73. Allegheny Co. Hom. Med. Soc.	Penn.	1864	Not.	Mth.	50	4	2	2.00
74. Alumni Association of Hahnemann Medical College of Philada.	Penn.	1884	Not.	Ann.	713	57	9	None.
75. Hom. Medical Society of Chester, Delaware and Montgomery Cos.	Penn.	1858	Not.	Qnr.	26	4	1	1.00
76. Hom. Med. Soc. of Crawford Co.	Penn.	1883	Not.	Qnr.	14	None.	None.	1.00
77. Hom. Med. Soc. of Lehigh Valley.	Penn.	1881	Not.	Qnr.	28	2	None.	1.00
78. Hom. Medical Society of Northern Pennsylvania.	Penn.	1883	Not.	BiM.	23	4	None.	2.00
79. Hahnemann Med. Soc. of Reading.	Penn.	1882	Not.	Mth.	13	3	None.	.50
80. Hom. Medical Society of Philadelphia County.	Penn.	1866	Not.	Mth.	197	19	3	1.00
81. Hom. Medical Society of the 23d Ward, Philadelphia.	Penn.	1881	1881	Mth.	21	1	1	1.50
82. Chattanooga Hom. Medical Soc.	Tenn.	1888	Not.	Mth.	6	None.	None.	1.00
83. Milwaukee Academy of Medicine.	Wis.	1878	Not.	Mth.	20	None.	None.	1.00

HOMŒOPATHIC MEDICAL CLUBS.

STATE.	State.	Organized.	Incorporated.	Meetings.	Members.	Admitted last Year.	Died Last Year.	Annual Dues.
1. Denver Hom. Medical Club.	Col.	1890	Not.	Mth.	30	30	None.	\$3.00
2. Washington Med. and Surg. Club.	D. C.	1880	Not.	Mth.	13	2	None.	2.00
3. Atlanta Medical Club.	Ga.	1882	Not.	Mth.	8	None.	None.	2.00
4. Medical Investigation Club of Baltimore.	Md.	1881	Not.	Wk.	6	None.	None.	None.
5. Hughes Medical Club.	Mass.	1878	Not.	Mth.	15	None.	1	None.
6. Lowell Hahnemann Club.	Mass.	1881	Not.	Mth.	7	None.	None.	2.00
7. Hahnemann Club of St. Louis.	Mo.	1873	Not.	S. M.	9	None.	None.	None.
8. New Jersey Medical Club.	N. J.	1869	Not.	Mth.	17	None.	None.	.50
9. Carroll Dunham Club of N. York.	N. Y.	1883	Not.	Mth.	8	None.	None.	None.
10. New York Homœopathic Union.	N. Y.	1888	Not.	Mth.	41	None.	None.	None.
11. Syracuse Hahnemann Club.	N. Y.	1888	Not.	Mth.	No Report.			
12. Columbus Clinical Club.	Ohio.	1890	Not.	S. M.	13	None.	None.	2.00
13. Round Table Club of Cleveland.	Ohio.	1889	Not.	Mth.	70	None.	None.	1.00
14. Organon Club of Chester.	Penn.	1887	Not.	Mth.	9	3	None.	None.
15. Bönninghausen Club of Philada.	Penn.	1887	Not.	Mth.	9	None.	None.	6.00
16. Hahnemann Club of Philada.	Penn.	1873	Not.	Mth.	11	None.	None.	None.
17. Philadelphia Clinical Club.	Penn.	1880	Not.	Mth.	10	None.	None.	None.
18. Philadelphia Medical Club.	Penn.	1880	Not.	Mth.	12	1	None.	None.
19. Farrington Club of Allegheny Co.	Penn.	1888	Not.	S. M.	9	1	4	None.
20. Hom. Med. Club of Germantown.	Penn.	1887	Not.	Mth.	25	4	None.	None.
21. Nashville Hahnemann Club.	Penn.	1889	Not.	S. M.	12	None.	None.	None.

MISCELLANEOUS HOMŒOPATHIC MEDICAL ASSOCIATIONS.

1. Homœopathic Pharmaceutical Association of Penna.	Penn.	1881	1881	Ann.	10	None.	None.	None.
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GENERAL HOMŒOPATHIC HOSPITALS IN THE UNITED STATES.

NAME.	Where Located.	State.	No. of Beds.	No. Patients Last Year.	Cured.	Relieved.	Not Relieved.	Died.
1. Fabiola Hospital Association.	Oakland,	Cal.	.....	.....	.....	.....	.....	.....
2. Hahnemann Hospital.	S'n Francisco	Cal.	.....	.....	.....	.....	.....	.....
3. Good Samaritan Hospital.	San Diego,	Cal.	60	.....	.....	.....	.....	.....
4. Homœop. Hospital of Delaware.	Wilmington,	Del.	38	146	114	17	.....	4
5. National Hom. Hospital Assoc'n.	Washington,	D. C.	50	233	109	83	6	12
6. St. Luke's Hospital, Hom. Dept.	Jacksonville,	Fla.	.....	2	2	.....	.....	.....
7. Cook Co. Hospital, Hom. Dept.	Chicago,	Ill.	.....	.....	.....	.....	.....	.....
8. Hahnemann Hospital.	Chicago,	Ill.	80	391	340	46	.....	5
9. Hom. Hospital of Iowa City.	Iowa City,	Iowa.	12	60	45	10	5	.....
10. City Hospital.	Wichita,	Kan.	29	195	192	1	1	1
11. Maryland Homœopathic Hospital.	Baltimore,	Md.	30	118	115	.....	3	2
12. Massachusetts Hom. Hospital.	Boston,	Mass.	75	691	426	132	36	22
13. Hom. Hosp. Univ. of Michigan.	Ann Arbor,	Mich.	20	222	115	75	30	2
14. Grace Homœopathic Hospital.	Detroit,	Mich.	119	774	584	64	28	39

## GENERAL HOMOEOPATHIC HOSPITALS IN THE UNITED STATES—CONTINUED.

NAME.	Where Located.	State.	No. of Beds.	No. Patients Last Year.	Cured.	Relieved.	Not Relieved.	Died.
15. Hom. Hospital of Minneapolis.	Minneapolis, Minn.		40	182	125	34	.....	13
16. Kansas City Hom. Hospital.	Kansas City, Mo.		15	88	85	.....	1	2
17. Good Samaritan Hosp. and Asylum of St. Louis.	St. Louis, Mo.		75	189	105	8	5	23
18. St. Louis Children's Hospital.	St. Louis, Mo.		75	182	170	6	.....	.....
19. Brookside Retreat.	Plainfield, N. J.		10	5	1	.....	.....	1
20. Camden Homœopathic Hospital.	Camden, N. J.		Out of existence.					
21. Trenton Homœopathic Hospital.	Trenton, N. J.		40	123	52	32	20	9
22. Albany City Hom. Hospital and Dispensary.	Albany, N. Y.		40	229	109	70	13	19
23. Brooklyn Homœopathic Hospital.	Brooklyn, N. Y.		120	768	492	116	30	65
24. Buffalo Homœopathic Hospital.	Buffalo, N. Y.		45	411	270	36	11	33
25. Flower Hospital.	New York, N. Y.		25	412	400	.....	.....	12
26. Hahnemann Hospital.	New York, N. Y.		64	247	94	82	19	15
27. Hom. Hospital of Ward's Island.	New York, N. Y.		579	4103	1659	1508	183	282
28. Laura Franklin Hosp. for Childr'n.	New York, N. Y.		50	203	127	27	10	4
29. New York Homœop. Sanitarium.	New York, N. Y.		9	50	48	.....	.....	1
30. Hahnemann Homœop. Hospital.	Rochester, N. Y.		29	86	50	28	3	5
31. Rochester Homœop. Hospital.	Rochester, N. Y.		.....	430	326	39	21	25
32. Faxon Hospital.	Utica, N. Y.		20	60	40	10	.....	4
33. Ohio Hospital for Women and Children.	Cincinnati, Ohio.		20	175	104	48	21	2
34. Cleveland Hom. Hospital.	Cleveland, Ohio.		80	697	517	122	17	41
35. Protestant Hospital.	Toledo, Ohio.		26	106	95	.....	.....	11
36. Children's Hom. Hosp. of Phila.	Philada., Penn.		55	109	66	22	.....	5
37. Hahnem. Med. College Hospital.	Philada., Penn.		125	585	382	79	18	27
38. Medical, Surg. and Maternity Hos. of the Women's Homœopathic Association of Pennsylvania.	Philada., Penn.		61	296	199	73	10	14
39. Hom. Medical and Surgical Hosp. and Dispensary of Pittsburgh.	Pittsburgh, Penn.		200	1634	1167	156	16	116
40. Rhode Island Hom. Hospital.	Providence, R. I.		23	68	59	.....	.....	2

## SPECIAL HOMOEOPATHIC HOSPITALS IN THE UNITED STATES.

1. Denver Sanitarium.	Denver, Col.		2	2	2	.....	.....	.....
2. Orphanage and Home for the Friendless.	Jacksonville, Fla.		.....	25	25	.....	.....	.....
3. Chicago Nursery and Half-Orphan Asylum.	Chicago, Ill.		180	125	111	.....	.....	14
4. Foundling Home.	Chicago, Ill.		94	549	511	.....	.....	38
5. Old Ladies' Home.	Chicago, Ill.		.....	.....	.....	.....	.....	.....
6. Kansas Surgical Hospital.	Topeka, Kan.		.....	.....	.....	.....	.....	.....
7. Boothby Surgical Hospital.	Boston, Mass.		19	158	91	57	6	4
8. Consumptives' Home.	Boston, Mass.		70	181	6	48	29	59
9. Temporary Home of N. E. Moral Reform Society.	Boston, Mass.		12	30	30	.....	.....	.....
10. Westborough Insane Hospital.	Westboro', Mass.		485	813	104	123	25	53
11. Michigan Asylum for Insane Criminals.	Ionis, Mich.		160	154	5	4	142	3
12. Third Minnesota Hosp. for Insane.	Fergus Falls, Minn.		175	Not open a year.				
13. Church Home for Babies.	Minneapolis, Minn.		20	40	22	6	.....	12
14. Maternity Hospital.	Minneapolis, Minn.		16	160	149	.....	.....	11

## SPECIAL HOMŒOPATHIC HOSPITALS IN THE UNITED STATES—CONTINUED.

NAME.	Where Located.	State.	No. of Beds.	No. Patients Last Year.	Cured.	Relieved.	Not Relieved.	Died.
15. Washburne Orphan Asylum.	Minneapolis,	Minn.	100	78	78	.....	.....	.....
16. Newark Orphan Asylum.	Newark,	Minn.	100	27	25	.....	.....	2
17. Albany House of Shelter.	Albany,	N. Y.	.....	113	113	.....	.....	.....
18. Children's Home.	Amsterdam,	N. Y.	.....	.....	.....	.....	.....	.....
19. Binghamton State Hos. for Insane.	Binghamt'n,	N. Y.	Under A	llops	tht	r't	m't	.....
20. Brooklyn Home for Cons'mptives.	Brooklyn,	N. Y.	.....	.....	.....	.....	.....	.....
21. Brooklyn Maternity and N. Y. State School for Train'g Nurses.	Brooklyn,	N. Y.	60	220	206	.....	.....	14
22. Memorial Hospital for Women and Children.	Brooklyn,	N. Y.	262	80	59	20	1	2
23. New York State Hospital for the Insane.	Middletown,	N. Y.	650	602	105	38	23	30
24. Baptist Home for the Aged.	New York,	N. Y.	135	70	60	.....	.....	6
25. Helmuth House.	New York,	N. Y.	32	321	317	.....	.....	4
26. Hospital of Five Points House of Industry.	New York,	N. Y.	54	2142	2131	.....	.....	9
27. New York Ophthalmic Hospital.	New York,	N. Y.	50	13401	12873	.....	.....	none
28. New York Medical College and Hospital for Women.	New York,	N. Y.	29	190	110	67	2	1
29. Glenmary Home.	Owego,	N. Y.	30	17	4	3	.....	none
30. Children's Home.	Portland,	Oreg.	100	162	160	.....	.....	2
31. Boys' Boarding Home.	Allegheny,	Penn.	36	10	10	.....	.....	.....
32. Christian Home for Women.	Allegheny,	Penn.	40	150	140	5	1	3
33. Home for the Aged Poor, conducted by Little Sisters of the Poor.	Allegheny,	Penn.	All	opa'h	ic	Tr	'tm	ent
34. Convent of Benedictine Sisters.	Erie,	Penn.	10	48	40	7	.....	1
35. Home for the Aged Poor, conducted by Little Sisters of the Poor.	Pittsburgh,	Penn.	150	74	38	13	1	22
36. Protestant Home for Incurables.	Pittsburgh,	Penn.	.....	60	.....	50	.....	2
37. Protestant Home for Destitute Children.	San Antonio,	Tex.	50	119	108	.....	.....	11
38. Babies' Home.	Milwaukee,	Wis.	23	90	76	.....	.....	14
39. Milwaukee Orphan Asylum.	Milwaukee,	Wis.	.....	.....	.....	.....	.....	.....

## HOMŒOPATHIC DISPENSARIES IN THE UNITED STATES.

NAME.	Where Located.	State.	No. Patients Treated Last Year.	No. of Prescriptions.	Cost of Conducting Last Year.	No. Outside Visits made.
1. Oakland Homœop. Dispensary.	Oakland,	Cal.	74	398	\$165.00	24
2. Hahnemann Dispensary.	S'n Fr'ncisco	Cal.	5312	7821	.....	.....
3. Pacific Homœop. Dispensary.	S'n Fr'ncisco	Cal.	720	2106	555.05	726
4. Denver Free Hom. Dispensary.	Denver,	Col.	516	1291	157.00	68
5. Hom. Free Disp'y of Wilmington.	Wilmington,	Del.	602	1728	.....	none
6. Homœopathic Free Dispensary.	Washington,	D. C.	2743	8230	1170.94	3915
7. Central Hom. Free Dispensary.	Chicago,	Ill.	178	9689	.....	2118
8. Rock Island Free Hom. Medical Dispensary.	Rock Island,	Ill.	200	800	125.00	130

## HOMŒOPATHIC DISPENSARIES IN THE UNITED STATES—CONTINUED.

NAME.	Where Located.	State.	No. Patients Treated Last Year.	No. of Prescriptions.	Cost of Conducting Last Year.	No. Outside Visits made.
9. Homœopathic Dispensary.	Iowa City,	Iowa.	Merge d in C Dept. of Hos 500 2100	clinical .....	.....	.....
10. Samaritan Mission and Free Disp.	Kansas City,	Kan.	500	2100	.....	.....
11. Hom. Dispensary and Hospital of Baltimore City.	Baltimore,	Md.	9985	25662	1828.27	1175
12. Maryland Hom. Free Dispensary.	Baltimore,	Md.	2692	8000	1000.00	470
13. Hom. Med. Disp., Central Branch.	Boston,	Mass.	834	3336	400.00	369
14. Hom. Med. Disp., College Branch.	Boston,	Mass.	10104	28447	1000.00	9174
15. Hom. Med. Dis., West End Br'ch.	Boston,	Mass.	2298	6501	400.00	264
16. Roxbury Homœop. Dispensary.	Roxbury,	Mass.	5143	20000	1160.00	1165
17. Worcester Hom. Free Dispensary.	Worcester,	Mass.	1812	4231	300.00	43
18. University of Michigan Free Hom. Dispensary.	Ann Arbor,	Mich.	222	3500	600.00	.....
19. Grace Homœop. Dispensary.	Detroit,	Mich.	895	2303	.....	2227
20. University Hom. Dispensary.	Minneapolis,	Minn.	1546	7923	250.00	423
21. Homœopathic Free Dispensary.	St. Louis,	Mo.	3853	7400	150.00	180
22. Camden Homœop. Dispensary.	Camden,	N. J.	Closed			
23. West Jersey Hom. Hospital and Dispensary Association.	Camden,	N. J.	Opene d Jun e, 1891.			
24. Albany City Hom. Hospital and Dispensary.	Albany,	N. Y.	1785	6500	.....	120
25. Brooklyn Hom. Hosp. Dispensary.	Brooklyn,	N. Y.	9448	24130	.....	.....
26. Brooklyn E. D. Hom. Dispensary.	Brooklyn,	N. Y.	6987	14064	970.00	.....
27. Dispensary of the Memorial Hosp. for Women and Children.	Brooklyn,	N. Y.	3026	6854	925.00	1683
28. Gates Avenue Hom. Dispensary.	Buffalo,	N. Y.	6528	15862	1500.00	1776
29. Buffalo Hom. Eye and Ear Disp.	Flatbush,	N. Y.	600	1800	.....	.....
30. Flatbush Homœop. Dispensary.	New York,	N. Y.	250	675	.....	135
31. Avenue "A" Hom. Dispensary.	New York,	N. Y.	452	1686	75.00	.....
32. Disp. Five P'ts House of Industry.	New York,	N. Y.	2640	5000	.....	220
33. Dispensary of New York Medical College and Hosp. for Women.	New York,	N. Y.	1625	5978	400.00	66
34. Hamilton Hom. Dispensary.	New York,	N. Y.	500	730	.....	180
35. Hamilton Dispensary, Homœop.	New York,	N. Y.	.....	.....	.....	.....
36. Harlem Homœop. Dispensary	New York,	N. Y.	1050	2500	160.00	200
37. Hom. Disp. for Women & Children.	New York,	N. Y.	8500	22000	.....	2130
38. New York Hom. Med. Col. Disp.	New York,	N. Y.	3412	8183	438.95	1500
39. Yorkville Hom. Dispensary.	New York,	N. Y.	6000	17324	473.00	.....
40. Homœopathic Free Dispensary.	Rochester,	N. Y.	.....	.....	.....	.....
41. Syracuse Hom. Free Dispensary.	Syracuse,	N. Y.	650	2100	400.00	.....
42. Free Dispensary of Ohio Hospital for Women and Children.	Cincinnati,	Ohio.	846	2397	50.00	30
43. Homœopathic Free Dispensary.	Cincinnati,	Ohio.	7163	9439	120.00	.....
44. Dispensary of Cleveland Med. Col.	Cleveland,	Ohio.	1872	2746	225.00	355
45. Free Medical and Surgical Disp. for Women and Children.	Cleveland,	Ohio.	4255	8510	1213.00	2393
46. Good Samaritan Hom. Dispensary.	Cleveland,	Ohio.	4892	11336	250.00	375
47. Allentown Hom. Dispensary.	Allentown,	Penn.	Closed			
48. Hom. Dispensary of Germantown.	Germant'n,	Penn.	.....	.....	.....	.....
49. Hahn. Med. Col. Disp. of Philada.	Philadelphi	Penn.	10611	39476	2000.00	2806
50. Hom. Medical and Surgical Hosp. and Disp. of Pittsburgh.	Pittsburgh.	Penn.	.....	14936	.....	.....
51. Providence Free Hom. Disp.	Providence,	R. I.	1635	2191	683.00	342

## HOMŒOPATHIC JOURNALS AND MAGAZINES IN THE UNITED STATES.

NAME.	How often Published.	Form.	Yearly No. Pages.	Price.
1. The American Homœopathist.	Monthly.	Octavo.	912	\$2 00
2. The Ann Arbor Alumnus.	Quarterly.	Octavo.	60	.50
3. The California Homœopath.	Monthly.	Octavo.	384	2.00
4. The Chironian.	Semi-M'ly.	Quarto.	240	1.50
5. The Clinical Reporter.	Monthly.	Octavo.	420	1.00
6. The Clinique.	Monthly.	Quarto.	576	2.00
7. The College Argus.	Quarterly.	Octavo.	184	1.00
8. The Hahnemannian Monthly.	Monthly.	Octavo.	2104	3.00
9. The Homœopathic Advocate and Health Journal.	Monthly.	Octavo.	288	1.00
10. The Homœopathic Envoy.	Monthly.	Quarto.	96	.25
11. The Homœopathic Expositor.	Quarterly.	Octavo.	128	1.00
12. The Homœopathic Journal of Obstetrics, Gynecology and Pædology.	Bi-M'thly.	Quarto.	720	4.00
13. The Homœopathic Physician.	Monthly.	Octavo.	576	2.50
14. The Homœopathic Recorder.	Bi-M'thly.	Octavo.	576	1.00
15. The Journal of Electro-Therapeutics.	Monthly.	Octavo.	192	1.00
16. The Journal of Homœopathics.	No longer published.			
17. The Journal of Ophthalmology, Otology and Laryngology.	Quarterly.	Octavo.	1104	4.00
18. The Medical Advance.	Monthly.	Octavo.	960	3.00
19. The Medical Current.	Monthly.	Octavo.	672	2.00
20. The Medical Era.	Monthly.	Quarto.	768	2.00
21. The Medical Visitor.	Monthly.	Octavo.	480	1.00
22. The New England Medical Gazette.	Monthly.	Octavo.	672	3.00
23. The New Remedies.	Bi-M'thly.	Octavo.	96	1.00
24. The North American Journal of Hom'opathy.	Monthly.	Octavo.	768	3.00
25. The North-Western Journal of Hom'opathy.	Monthly.	Octavo.	384	1.00
26. The People's Health Journal.	Monthly.	Octavo.	.....	1.00
27. The Pulse Quarterly.	Quarterly.	Quarto.	96	1.00
28. The Southern Journal of Homœopathy.	Monthly.	Octavo.	720	2.00
29. The United States Medical Investigator.	Quarterly.	Octavo.	472	4.00

## HOMŒOPATHIC MEDICAL COLLEGES

NAME OF COLLEGE OR MEDICAL SCHOOL.	Where Located.	When Incorporated.	When Students First Admitted.	NAME AND ADDRESS OF DEAN.	Length of each Yearly Course & Time it commences.
1. Hahnemann Hospital College of San Francisco.	San Francisco, Cal.	1881	1884	Geo. E. Davis, M.D., 520 Sutter St., San Francisco, Cal.	6 months. June 1.
2. Hahnemann Medical College and Hospital of Chicago.	Chicago, Ill.	1855	1859	R. Ludlam, M.D., 1833 Michigan Ave., Chicago, Ill.	6 months. Sept. 16.
3. Chicago Homœop'thic Medical College.	Chicago, Ill.	1876	1876	J. S. Mitchell, M.D., 2954 Prairie Ave., Chicago, Ill.	6 months. Sept. 23.
4. Homœopathic Med. Dept. State University of Iowa.	Iowa City, Iowa.	1877	1877	A. C. Cowperthwaite, M.D., Iowa City, Iowa.	6 months. Sept.
5. Kansas City Homœopathic Med. College.	Kansas City, Missouri.	1888	1888	Peter Diederich, M.D., 518 Minnesota Ave., Kansas City, Kans.	6 months. Sept. 15.
6. The Southern Hom. Medical College of Baltimore, Md.	Baltimore, Md.	1890	1891	F. C. Drane, M.D., 1001 W. Lanvale St., Baltimore, Md.	6 months. October.
7. Boston University School of Medicine.	Boston, Mass.	1869	1873	I. T. Talbot, M.D., 66 Marlborough St., Boston.	8 months. Oct. 8.
8. Homœopathic Med'c'l Dept. University of Michigan.	Ann Arbor, Mich.	1874	1875	Henry L. Obetz, M.D., Detroit, Michigan.	40 weeks.
9. University of Minnesota College of Hom. Medicine and Surg'y.	Minneapolis, Minn.	1888	1888	H. W. Brazie, M.D., Secy., 1006 Fourth Ave., S. Minneapolis, Minn.	8 months. Oct. 1.
10. Homœopathic Med'c'l College of Missouri.	St. Louis, Mo.	1857	1858	S. B. Parsons, M.D., 2246 Washington Ave., St. Louis, Mo.	6 months. Sept. 15.
11. New York Homœop. Medical College and Hospital.	New York, N. Y.	1860	1860	T. F. Allen, M.D., 10 E. 36th St., New York City.	24 weeks.
12. New York Medical College and Hospital for Women.	New York, N. Y.	1863	1863	Phoebe J. B. Wait, M.D., Cor. 9th Ave. & 34th St., New York, N. Y.	6 months. Oct. 1.
13. Homœopathic Hospital College.	Cleveland, Ohio.	1849	1849	J. C. Sanders, M.D., 608 Prospect St., Cleveland, Ohio.	6 months. Sept.
14. The Cleveland Medical College.	Cleveland, Ohio.	1890	1890	G. J. Jones, M.D., 5 Rockwell St., Cleveland, Ohio.	6 months. Sept.
15. Pulte Medic'l College.	Cincinnati, Ohio.	1872	1872	J. D. Buck, M.D., 118 W. 7th St., Cleveland, Ohio.	6 months. Sept. 17.
16. Hahnemann Medical College and Hospital of Philadelphia.	Philadelphia, Pa.	1848	1848	A. B. Thomas, M.D., 113 So. 16th St., Philadelphia, Pa.	6 months. Oct. 1.

## IN THE UNITED STATES.

Courses requir'd Before Commencement.	No. of Students in Past Year.	No. Graduates at Last Commencement.	No. of Alumni.	No. of Faculty.	No. Professors.	No. Lecturers.	Estimate Value College Prop'ty.	Amount of En- dowments.	Amount of Debt.	Amount of Income.	DELEGATES.
3	20	4	52	18 15	3	Leas'd.	None.	None.	\$2,000	W. A. Dewey, M.D. H. C. French, M.D.	
3	256	96	1922	26 15	11	\$ 100,000	None.	None.	17,000	H. B. Fellows, M.D. A. K. Crawford, M.D.	
2 at present. 3 aft'r '91 3 after 1891.	118	54	557	25 16	9	70,000	.....	.....	8,000	J. S. Mitchell, M.D. L. C. Grosvenor, M.D.	
3	44	17	152	5 4	1	State.	State.	State.	State.	A. C. Cowperthwaite, M.D. J. G. Gilchrist, M.D.	
3	27	6	16	20 18	2	.....	.....	.....	1517.02	Peter Diederich, M.D. S. C. Delap, M.D.	
3	.....	.....	.....	20 14	6	.....	.....	.....	.....	F. C. Drane, M.D. Henry Chandlee, M.D.	
4	109	27	532	37 18	17	100,000	\$ 30,000	\$ 30,000	11,156	I. T. Talbot, M.D. C. Wesselhoft, M.D.	
3	78	18	253	19 16	3	State.	State.	State.	State.	D. A. MacLachlan, M.D. Chas. Gatchell, M.D.	
3	.....	.....	.....	.....	.....	State.	State.	State.	State.	D. A. Strickler, M.D. A. E. Higbee, M.D.	
3 after 1891.	45	15	502	15 14	1	22,000	None.	10,000	3,000	W. B. Morgan, M.D. Jas. A. Campbell, M.D.	
3	144	44	1206	36 21	15	265,000	None.	125,000	10,110	T. F. Allen, M.D. L. L. Dauforth, M.D.	
3	40	9	257	21 15	6	None.	None.	None.	Stud'nt Fees only.	M. Belle Brown, M.D. H. M. Dearborn, M.D.	
3	38	8	1508	18 11	7	Rent'd.	.....	.....	5,000	J. C. Sanders, M.D. D. H. Beckwith, M.D.	
3	70	19	19	20 10	10	20,000	None.	None.	4778.29	G. J. Jones, M.D. N. Schneider, M.D.	
3	64	29	508	21 17	4	50,000	.....	3,000	3,000	C. D. Crank, M.D. C. E. Walton, M.D.	
3	223	60	1922	25 10	15	120,000	None.	None.	.....	A. R. Thomas, M.D. John E. James, M.D.	



## GRADUATES OF HOMOEOPATHIC MEDICAL

## HAHNEMANN HOSPITAL COLLEGE

Session commenced May 1, 1890. Session Closed October 25, 1890. Number of  
Graduates, 4. Date of Com-

Name.	Residence.	Age.	Preceptor.
Baldwin, Ray R.....	Pomona, Cal.....	23	F. W. Crank, M.D.....
Cosack, T. B.....	San Francisco.....	21	.....
Garfield, Henry S.....	Pendleton, Ore.....	31	E. P. Eagan, M.D.....
Waterhouse, Amelia.....	San Francisco.....	50	.....

## HAHNEMANN MEDICAL COLLEGE AND

Session commenced September 16, 1889. Session closed March 19, 1891. Number of  
Graduates, 96. Date of Com-

Allen, Jacob M.....	New Jersey.....	H. R. West, M.D.....
Allen, S. V.....	Indiana.....	J. A. Ballege, M.D.....
Baker, Minnie Dell.....	Michigan.....	Jno. I. Baker, M.D.....
Balmouseeeres, Pauline.....	France.....	.....
Barber, Clarence H.....	Michigan.....	H. A. Barber, M.D.....
Bennett, Annette.....	Maine.....	Rhoda Pike.....
Bennett, Wm. S.....	Washington.....	P. J. Gerlach, M.D.....
Boynton, Charles Edgar.....	Illinois.....	H. C. Whiting, M.D.....
Bresee, Charles Harmon.....	New York.....	M. S. Brown.....
Brown, Frank E.....	Michigan.....	J. E. Brown, M.D.....
Bruce, Edward Malcolm.....	Illinois.....	W. H. Hanchett, M.D.....
Case, Henry W.....	Illinois.....	J. W. Taylor.....
Chaney, Edwin N.....	Minnesota.....	Eugene Hubbell.....
Chidister, Eliz. Mercer.....	Ohio.....	Isadore L. Green.....
Clemens, Francis Lee.....	Pennsylvania.....	.....
Connett, George C.....	New Jersey.....	H. B. West.....
Criswell, Melville H.....	Ohio.....	E. B. Criswell.....
Croft, Richard.....	England.....	E. F. Balch, Washington.....
Cole, Wm. George.....	Michigan.....	Secrist and McGuire.....
Crandall, Wm. H.....	Wisconsin.....	E. J. Crandall.....
Cummins, J. Seeley.....	New York.....	F. M. Cummins.....
Davies, J. Norman.....	Pennsylvania.....	J. W. Davies.....
DeRevere, J. Wendell.....	New York.....	Faculty.....
Douglas, Charles Joseph.....	Connecticut.....	Faculty.....
Ebersole, Sol. D.....	Illinois.....	J. R. Ebersole.....
Enos, S. Cordelia.....	Illinois.....	J. W. Enos.....
Enos, Laurens.....	Illinois.....	J. W. Enos.....
Enos, Clinton.....	Illinois.....	Chas. R. Enos.....
Eakridge, Belle Constant.....	Illinois.....	J. H. Eskridge.....
Flaws, Emily Short.....	Illinois.....	Faculty.....
Foster, Arpen.....	Iowa.....	M. R. Waggoner.....
Freschkorn, Carl.....	Illinois.....	Faculty.....
Gifford, Wm. Henry.....	New York.....	Alden Gifford.....
Godfrey, Julia Belle.....	Illinois.....	L. G. Bedell.....
Gregg, Mary E.....	Illinois.....	L. G. Bedell.....
Hagedorn, Peter.....	Illinois.....	D. Morin.....
Hall, Jesse T.....	West Virginia.....	.....
Hilliard, Sumner H.....	Illinois.....	Faculty.....
Hughes, G. L.....	Illinois.....	Faculty.....
Hughes, J. Edwin.....	Washington.....	C. A. Hughes.....
Hutchinson, Robert N.....	California.....	E. C. Buell.....

## COLLEGES—SESSION OF 1890-91.

## OF SAN FRANCISCO, CAL.

weeks, 24. Number of Matriculants in attendance during session, 10. Number of commencement, October 30, 1890.

Time of Study.	Number of Courses attended, and Where.
Years.	
3	3 courses at Hahnemann Hospital College, San Francisco.
3	3 courses at Hahnemann Hospital College, San Francisco.
3	2 courses at Hahn. Med. Col., Chicago; 1 at Hahn. Hosp. Col., San Francisco.
3	3 courses at Hahnemann Hospital College, San Francisco.

## HOSPITAL, OF CHICAGO, ILL.

weeks, 26. Number of Matriculants in attendance during session, 256. Number of commencement, March 19, 1891.

Years.	
3½	2 courses at Hahn. Med. College of Chicago.
4	2 courses at Hahn. Med. College of Chicago.
6	2 courses at Hahn. Med. College of Chicago.
.....	(Ad eundem.)
3½	2 courses at Hahn. Med. College of Chicago.
3½	4 courses at Hahn. Med. College of Chicago.
3½	2 courses at Hahn. Med. College of Chicago.
4	3 courses at Howard, 2 at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
3½	2 courses at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
4	3 courses at Hahn. Med. College of Chicago.
.....	2 courses at Jefferson Med. Col., 1 at Hahn. Med. Col. of Chicago. (Ad eundem.)
3	2 courses at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
3½	2 courses at Hahn. Med. College of Chicago.
3½	2½ courses at Hahn. Med. College of Chicago.
4	2 courses at Hahn. Med. College of Chicago.
4	3 courses at New York Hom. Med. Col., 1 at Hahn. Med. College of Chicago.
3	3 courses at Hahn. Med. College of Chicago.
3	3 courses at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
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3	2 courses at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
3	3 courses at Hahn. Med. College of Chicago.
3	3 courses at Hahn. Med. College of Chicago.
4	3 courses at Hahn. Med. College of Chicago.
10	3 courses at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
12	1 course at Ann Arbor, 1 at Hahn. Med. College of Chicago.
5	2 courses at Hahn. Med. College of Chicago.
3	1 course at St. Louis, 1 at Hahn. Med. College of Chicago.

## HAHNEMANN MEDICAL COLLEGE AND

Name.	Residence.	Age.	Preceptor.
Kelly, Sidney T.....	Missouri .....	.....	J. W. Cartlich.....
Kester, Effer Kate.....	Kansas.....	.....	M. A. Kester.....
Krichbaum, Jas. W.....	Kentucky.....	.....	J. A. Thompson.....
Krumsiek, W. E.....	Illinois .....	.....	I. P. Bahrenberg.....
Knowlton, Emily Irene...	Illinois .....	.....	Faculty .....
Kortright, Scott E.....	Pennsylvania .....	.....	S. S. Simmons.....
Kuhn, F. W.....	Illinois .....	.....	.....
Lehmann, Anthony .....	Indiana .....	.....	Christian Martz .....
LeFevre, Geo. L.....	Michigan .....	.....	L. R. Marvin.....
Lomison, W. A.....	Pennsylvania .....	.....	E. N. Harpel.....
McCullough, Jno. P.....	Illinois .....	.....	N. P. Smith.....
McGrew, Mellin Smyth...	Kansas .....	.....	M. B. Smyth.....
Mercer, Harriet Isabel...	Ohio .....	.....	Faculty .....
Miller, Hattie I.....	Illinois .....	.....	C. E. Lanning .....
Miller, Loueze J.....	Michigan .....	.....	Faculty .....
Morris, Arthur J.....	Illinois .....	.....	J. M. Taylor .....
Nethertor, Frederick F...	Kansas .....	.....	A. F. Higgins .....
Nalder, Samuel F.....	Indiana.....	.....	E. P. Jones.....
Norton, Benj. F.....	Massachusetts.....	.....	Chas. L. Seip .....
Noyes, Henry Allen.....	New Hampshire.....	.....	G. W. Worcester .....
Palm, Mary Adeline.....	California .....	.....	Faculty .....
Parker, Wm. I.....	Iowa.....	.....	.....
Pease, Ella Gertrude.....	California .....	.....	Faculty .....
Pierce, Elmer A.....	Nebraska.....	.....	A. N. Pierce.....
Post, Elijah J.....	Michigan .....	.....	T. F. H. Spring.....
Provost, A. J.....	Wisconsin.....	.....	F. S. Wade .....
Pruden, J. E.....	Dakota .....	.....	Faculty .....
Raines, Taylor E.....	Kansas.....	.....	Dr. Cowperthwaite .....
Rasmussen, Robt. Ralph...	Minnesota.....	.....	Dr. Leavitt .....
Renie, Phineas A.....	Illinois .....	.....	W. H. Miesick.....
Rice, Elmer E.....	Iowa.....	.....	A. L. Martin.....
Ripley, George H.....	Wisconsin.....	.....	A. W. Kanouse.....
Roemer, J. F.....	Ohio .....	.....	Faculty .....
Salter, Albert E.....	New York.....	.....	Chas. Aiken .....
Sayles, M. F.....	Indiana .....	.....	T. H. Everts.....
Schermerhorn, Anna R...	California .....	.....	Faculty .....
Suidel, Jno. George.....	Illinois .....	.....	W. B. Carolus.....
Seeman, Fred. A.....	Iowa.....	.....	I. C. Bonham.....
Shaw, Carrie.....	Illinois .....	.....	G. E. Long.....
Smith, Orrin L.....	Illinois .....	.....	N. P. Smith.....
Stevens, Clarence E.....	New York.....	.....	J. H. Burch.....
Stettler, Cordelia S.....	Illinois .....	.....	L. J. Ricker .....
Stine, Reuben L.....	Indiana .....	.....	C. H. Meyers.....
Stone, Spencer R.....	Ohio .....	.....	L. E. Hitchcock.....
Trainor, Kate S.....	Wisconsin.....	.....	G. E. Bushwell.....
Tremaine, J. Eugene.....	Michigan .....	.....	O. J. Jones.....
Van Delinder, Effie M...	Illinois .....	.....	Faculty .....
Watts, A. Elizabeth.....	Pennsylvania .....	.....	E. W. Deane.....
Warren, May.....	Illinois .....	.....	Rachel Swain.....
West, Edwin J.....	New Jersey.....	.....	W. R. West.....
White, Wm. Henry .....	Indiana .....	.....	F. H. Huron.....
Whitfield, Geo. F.....	Michigan .....	.....	I. J. Whitfield.....
Whippy, Geo. A.....	Indiana .....	.....	W. A. Whippy.....
Wolf, Geo.....	Indiana .....	.....	A. Stephenson .....
Woolsey, Wm. Watson. ....	Pennsylvania .....	.....	R. B. Johnston.....

## HOSPITAL OF CHICAGO—CONTINUED.

Time of Study.	Number of Courses attended, and Where.
3	2 courses at Hahn. Med. College of Chicago.
3	1 course at Hahn. Med. College of Chicago, 1 at St. Josephs, Mo.
3	2 courses at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
3	3 courses at Hahn. Med. College of Chicago.
4	2 courses at Hahn. Med. College of Chicago.
-----	(Ad eundem.)
3½	2 courses at Hahn. Med. College of Chicago.
3½	2 courses at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
4	3 courses at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
4	3 courses at Hahn. Med. College of Chicago.
4	2 courses at Hahn. Med. College of Chicago.
3	1 course at Ann Arbor, 2 at Hahn. Med. College of Chicago.
6½	2 courses at Hahn. Med. College of Chicago.
3½	2 courses at Hahn. Med. College of Chicago.
3½	2 courses at Hahn. Med. College of Chicago.
4½	3 courses at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
4	1 course at Hahn. Med. Col., San Francisco, 2 at Hahn. Med. Col., Chicago.
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3	2 courses at Hahn. Med. Col., San Francisco, 1 at Hahn. Med. Col., Chicago.
3	1 course at Nebraska State Univ., 1 at Chicago Med., 1 at Hahn. Med., Chicago.
6	1 course at Columbia, 3 at Hahn. Med. College of Chicago.
4½	2 courses at Hahn. Med. College of Chicago.
4½	2½ courses at Hahn. Med. College of Chicago.
13	1 course at State Univ. of Iowa, 1 at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
4	2 courses at Hahn. Med. College of Chicago.
10	1 course at Toronto, 1 at Hahn. Med. College of Chicago
26	1 course with Dr. Rauch, Secy., 1 at Hahn.; vouched for by State Board.
14	3 courses at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
4	2 courses at Hahn. Med. College of Chicago.
5	2 courses at Hahn. Med. College of Chicago.
4	3 courses at Hahn. Med. College of Chicago.
3	1 course at Cleveland, 1 at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
3	3 courses at Hahn. Med. College of Chicago.
4	2 courses at Hahn. Med. College of Chicago.
3	1 course at Cleveland, 1 at Hahn. Med. College of Chicago.
3	3 courses at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
3	2 courses at St. Louis P. and S., 1 at Hahn. Med. College of Chicago.
4	2 courses at Hahn. Med. College of Chicago.
4	1 course at Indianapolis, 1 at Hahn. Med. College of Chicago.
15	1 course at Cleveland, 1 at Hahn. Med. College of Chicago.
3	2 courses at Hahn. Med. College of Chicago.
3	1 course at Fort Wayne, 1 at Hahn. Med. College of Chicago.
4	2 courses at Hahnemann, Philadelphia, 1 at Hahn. Med. College of Chicago.

## CHICAGO HOMŒOPATHIC

Session commenced September 23, 1890. Session closed March 24, 1891. Number of Graduates, 54. Date of Com-

Name.	Residence.	Age.	Preceptor.
Adsit, J. S.....	Wellington, Ill.....	23	W. R. Wilson, M.D.....
Appleton, T. J. ....	Grand Rapids, Mich.....	26	Dr. Sinclair.....
Axtell, E. E.....	Chicago, Ill.....	25	F. H. Howard, M.D.....
Baca, J. F. ....	Trinidad, Col.....	22	R. N. Tooker, M.D.....
Barker, M. B.....	Oak Park, Ill.....	36	M. W. NeSmith, M.D.....
Barnum, A. T.....	Chicago, Ill.....	25	A. B. Spach, M.D.....
Bergen, E. D.....	Indianapolis, Ind.....	24	I. D. George, M.D.....
Blair, S. L.....	Chicago, Ill.....	26	J. W. Brown, M.D.....
Boaz, C.....	Chicago, Ill.....	37	E. J. Beardsley, M.D.....
Brown, L. C.....	Smithfield, Pa.....	25	D. S. Pratt, M.D.....
Brown, R. W.....	Greenville, Pa.....	24	J. H. Martin, M.D.....
Brill, N. H.....	Cincinnati, O.....	28	W. M. Wilkie, M.D.....
Buffum, F. E.....	Pittsburgh, Pa.....	37	J. A. Miller, M.D.....
Campbell, E. E.....	Walworth, Wis.....	28	J. S. Maxon, M.D.....
Colchester, J. C.....	Redfield, S. D.....	44	E. W. Murray, M.D.....
Cooley, G. P., Jr.....	Detroit, Mich.....	23	J. R. Kippax, M.D.....
Crosthwait, S. W. ....	Nashville, Tenn.....	34	J. R. Kippax, M.D.....
Dean, H. G.....	Mercer, Pa.....	25	J. M. Donds, M.D.....
Drake, C. St. C.....	St. Thomas, Ont.....	21	L. Lutton, M.D.....
George, E. J.....	Joliet, Ill.....	27	W. O. Chessman, M.D.....
Garrity, J. P.....	Chicago, Ill.....	21	R. N. Tooker, M.D.....
Gue, A. E.....	Detroit, Mich.....	22	C. B. Kenyon, M.D.....
Hedges, L. C.....	Chicago, Ill.....	31	S. P. Hedges, M.D.....
Hoag, C. A.....	Three Rivers, Mich.....	23	W. E. Clark, M.D.....
Holbrook, F. D.....	Chicago, Ill.....	22	J. H. Smith, M.D.....
Johnston, J. E.....	Warsaw, Ill.....	45	R. A. Harlan, M.D.....
Kuesley, D. H.....	Tippicanoe City, O.....	37	A. S. Rosenberger, M.D.....
Lathrop, C. P.....	Hastings, Mich.....	21	Dr. Lathrop.....
Lockwood, F. H.....	Pittsford, N. Y.....	23	J. H. Doane, M.D.....
Lovejoy, W. C.....	Ottawa, Ill.....	23	C. A. Weirick, M.D.....
Lycan, W. H.....	Paris, Ill.....	25	R. S. Lycan, M.D.....
Matthews, W. B.....	Hastings, Mich.....	28	R. M. Lutton, M.D.....
May, J. Aj.....	Manchester, Ia.....	27	H. A. Dittmer, M.D.....
Miller, W. C.....	Independence, Ia.....	27	H. A. Dittmer, M.D.....
Morrison, H. E.....	Aledo, Ill.....	21	Dr. Hollingsworth.....
Patterson, D. H.....	Riceville, Iowa.....	26	F. E. Lee, M.D.....
Richardson, G. H.....	Ravenswood, Ill.....	21	R. N. Tooker, M.D.....
Ruggles, W. L.....	Oak Park, Ill.....	26	T. E. Roberts, M.D.....
Scribner, C. A.....	Hastings, Mich.....	31	E. H. Pratt, M.D.....
Sharp, R. J. H.....	Genesee, Wis.....	38	J. R. Kippax, M.D.....
Shoemaker, G. L.....	Chicago, Ill.....	30	A. S. Rosenberger, M.D.....
Smith, E. H.....	Ridgeland, Ill.....	28	J. H. Campbell, M.D.....
Smith, J. G.....	Circleville, O.....	25	R. Morden, M.D.....
Taylor, J. W.....	Idaville, Pa.....	29	L. B. Myers, M.D.....
Thomas, J. W.....	Waterford, Wis.....	34	C. L. Crandall, M.D.....
Tilson, W.....	Indianapolis, Ind.....	25	O. S. Runnels, M.D.....
Traver, H. L.....	Evanston, Ill.....	22	Dr. Renninger.....
Truesdall, C. R.....	N. Monroeville, O.....	24	J. Zimmerman, M.D.....
Turbin, L. M.....	Chicago, Ill.....	33	C. M. Beebe, M.D.....
Washburn, A. T.....	Chicago, Ill.....	21	L. C. Grosvenor, M.D.....
Willis, R.....	Miffin, Wis.....	31	J. S. Mitchell, M.D.....
Willison, C.....	Hickory Corners, Mich.....	21	E. H. Lathrop, M.D.....
Wine, J. M.....	Covington, O.....	25	A. S. Rosenberger, M.D.....
Winsett, J. L.....	Butler, Mo.....	25	B. E. Winsett, M.D.....

## MEDICAL COLLEGE.

weeks, 26. Number of Matriculants in attendance during session, 118. Number of commencement, March 24, 1891.

Time of Study.	Number of Courses attended, and Where.
Years.	
3	2 courses at Chicago Hom. Medical College.
5	2 courses at Chicago Hom. Medical College.
3	2 courses at Chicago Hom. Medical College.
3	2 courses at Chicago Hom. Medical College.
4	1 course Med. Dept. Univ. of Minnesota, 2 at Chicago Hom. Med. College.
4	3 courses at Chicago Hom. Medical College.
3	1 course at Univ. of Michigan, 2 at Chicago Hom. Medical College.
3	3 courses at Chicago Hom. Medical College.
5	2 courses at Chicago Hom. Medical College.
3	2 courses at Chicago Hom. Medical College.
4	2 courses at Chicago Hom. Medical College.
4	3 courses at Chicago Hom. Medical College.
3	2 courses at Chicago Hom. Medical College.
4	2 courses at Chicago Hom. Medical College.
3	1 course at Hahn. Med. Col. of Chicago, 1 at Chicago Hom. Med. College.
4	2 courses at N. Y. Univ., Medical Dept., 1 at Chicago Hom. Med. College.
4	2 courses at Mehavry Medical College, 1 at Chicago Hom. Medical College.
3	1 course at Hom. Hospital Col., Cleveland, 1 at Chicago Hom. Med. College.
3	2 courses at Chicago Hom. Medical College.
3	3 courses at Chicago Hom. Medical College.
3	3 courses at Chicago Hom. Medical College.
3	3 courses at Chicago Hom. Medical College.
4	2 courses at Chicago Hom. Medical College.
4	2 courses at Chicago Hom. Medical College.
4	2 courses at Chicago Hom. Medical College.
4	2 courses at Chicago Hom. Medical College.
6	2 courses at Chicago Hom. Medical College.
3	1 course at Chicago Hom. Med. Col., 2 at University of Michigan.
3	2 courses at Chicago Hom. Medical College.
4	2 courses at Chicago Hom. Medical College.
3	1 course at Chicago Hom. Med. Col., 2 at Cleveland Hom. Hospital College.
4	1 course at Chicago Hom. Med. Col., 2 at University of Michigan.
3	2 courses at Chicago Hom. Medical College.
3	2 courses at Chicago Hom. Medical College.
4	2 courses at Chicago Hom. Medical College.
4	2 courses at Chicago Hom. Medical College.
3	3 courses at Chicago Hom. Medical College.
3	2 courses at Chicago Hom. Medical College.
5	2 courses at Chicago Hom. Medical College.
8	1 course at Chicago Hom. Med. Col., 2 at Univ. of New York, Medical Dept.
3	2 courses at Chicago Hom. Medical College.
8	3 courses at Chicago Hom. Medical College.
3	1 course at Chicago Hom. Med. Col., 2 at University of Michigan.
4	3 courses at Chicago Hom. Medical College.
4	2 courses at Chicago Hom. Medical College.
3	2 courses at Chicago Hom. Medical College.
3	3 courses at Chicago Hom. Medical College.
3	2 courses at Chicago Hom. Medical College.
3	2 courses at Chicago Hom. Medical College.
3	3 courses at Chicago Hom. Medical College.
8	1 course at Chicago Hom. Med. Col., 2 at Hahn. Medical College, Chicago.
3	1 course at Chicago Hom. Med. Col., 2 at University of Michigan.
3	3 courses at Chicago Hom. Medical College.
3	2 courses at Chicago Hom. Medical College.

## HOMŒOPATHIC MEDICAL DEPARTMENT

Session commenced September 15, 1890. Session closed March 11, 1891. Number of Graduates, 17. Date of Com-

Name.	Residence.	Age.	Preceptor.
Blakeslee, Miriam E.....	North Topeka, Kan.....	43	S. P. Swift.....
Brown, Chas. A.....	Waterloo, Iowa.....	22	B. Banton.....
Cline, Alice B.....	Kansas City, Mo.....	35	P. A. Cline.....
Coon, George S.....	Osage, Iowa.....	22	A. C. Cowperthwaite.....
DeMarsh, C. C.....	Fairfield, Iowa.....	26	E. Campbell.....
Goldsworthy, L. O.....	Boulder, Col.....	31	F. J. Newberry.....
Goldsworthy, Wm.....	Boulder, Col.....	40	F. J. Newberry.....
Hardesty, Geo. W.....	Lincoln, Neb.....	38	T. L. Myers.....
Humphrey, F. D.....	Iowa City, Iowa.....	28	Dr. Buckley.....
Lewis, Edgar C.....	Lincoln, Neb.....	23	B. L. Paine.....
McKee, Bart.....	Hobbierville, Ind.....	30	J. G. Gilchrist.....
Muirhead, Geo. S.....	Traer, Iowa.....	22	R. M. Parsons.....
Paisley, Chas. L.....	Burlington, Iowa.....	23	W. F. Burg.....
Phelps, Myron.....	Council Bluffs, Iowa.....	24	A. P. Hanchett.....
Swinburne, A. H.....	Humboldt, Iowa.....	24	P. E. Triem.....
Swetland, A. V.....	Atlantic, Iowa.....	38	Dr. Bolton.....
Whiting, Mary.....	Iowa City, Iowa.....	43	Faculty.....

## KANSAS CITY HOMŒOPATHIC

Session Commenced September 16, 1890. Session closed March 13, 1891. Number of Graduates, 6. Date of Com-

Black, C. D.....	Watsonville, Mich.....	39	W. A. Forster, M.D.....
Cookingham, Darwin A...	McPherson, Kansas.....	43	L. L. Edginton, M.D.....
Dewar, Hugh M.....	London, Canada.....	25	R. Harrison, M.D.....
Horton, Warren H.....	Belmond, Iowa.....	47	S. A. Bass, M.D.....
Ray, W. L.....	Pleasant Hill, Mo.....	28	Mark Edgerton, M.D.....
Schoor, Edward.....	Adrian, Mo.....	21	G. J. Schoor, M.D.....

## BOSTON UNIVERSITY

Session commenced October 9, 1890. Session closed June 3, 1891. Number of Graduates, 27. Date of Com-

Allison, George Freeman..	St. Johnsbury, Vt.....	28	.....
Arnold, Jeannie Oliver....	Providence, R. I.....	30	.....
Batchelder, Fred. Prescott	Stafford, Conn.....	26	.....
Bennett, John Hillman...	New Bedford, Mass.....	21	.....
Brackett, Eliz'h Anastasia	Boston, Mass.....	34	.....
Bray, Amanda Currier....	Gloucester, Mass.....	35	.....
Brooks, Ida Josephine.....	Little Rock, Ark.....	37	.....
Canedy, Fred Snow.....	Taunton, Mass.....	22	.....
Coon, Marion.....	Malden, Mass.....	26	.....
Dodge, Fred Wilder.....	St. Johnsbury, Vt.....	26	.....
Dunham, George Perry....	Mechanic Falls, Me.....	27	.....
Emery, Winfred Newell...	East Boston, Mass.....	25	.....
Fletcher, Samuel Ernest...	Milford, Mass.....	24	.....
French, Winslow Burrell..	Rockland, Mass.....	21	.....
Goff, Ella D.....	Allegheny City, Pa.....	29	.....
Greene, Thomas William..	Chelsea, Mass.....	27	.....
Hanlon, Daniel James....	Sharon, Mass.....	23	.....

**weeks, 26. Number of Matriculants in attendance during session, 44. Number of commencement, March 11, 1891.**

Time of Study.	Number of Courses attended, and Where.
Years.	
5	2 courses at State University of Iowa.
3	3 courses at State University of Iowa.
5	2 courses at State University of Iowa, 1 at Kansas City Hospital College.
3	2 courses at State University of Iowa.
3	2 courses at State University of Iowa.
3	2 courses at State University of Iowa, 1 at State University of Colorado.
3	2 courses at State University of Iowa, 1 at State University of Colorado.
6	3 courses at State University of Iowa, 2 at State University of Nebraska.
3	2 courses at State University of Iowa.
3	3 courses at State University of Iowa.
4	2 courses at State University of Iowa.
3	2 courses at State University of Iowa.
3	2 courses at State University of Iowa.
3	2 courses at State University of Iowa.
3	2 courses at State University of Iowa.
3	1 course at State Univ. of Iowa, 1 at Ensworth Med. Col., St. Joseph, Mo.
4	4 courses at State University of Iowa.

**weeks, 26. Number of Matriculants in attendance during session, 27. Number of**  
**mencement, March 13, 1891.**

3	2 courses at Kansas City Hom. Med. Col. ; also attended a half course, 1888-9.
13	1 course at Kan. City H. M. C., 1 at Albany Med. Col., and 1 at same 13 yrs. ago.
4	2 courses at Kansas City Hom. Medical College.
16	1 course at Kan. City Hom. Med. Col., 1 at Hahn. Med. Col., Chicago, 1883-4.
4	2 courses at Kansas City Hom. Medical College.
4	3 courses at Kansas City Hom. Medical College.

**weeks, 30. Number of Matriculants in attendance during session, 109. Number of commencement, June 3, 1891.**

[illegible]



## BOSTON UNIVERSITY

Name.	Residence.	Age.	Preceptor.
Hornby, Mary Stamper....	Poughkeepsie, N. Y.....	37	.....
Horr, Albert Winslow.....	Boston, Mass.....	24	.....
Hoyt, Herbert Waldo.....	Wellsville, N. Y.....	27	.....
Latham, Carrie Augusta....	Boston, Mass.....	43	.....
Moore, Mary Martha.....	Lancaster, N. H.....	29	.....
Nasou, Osmen Cleander B....	Reading, Mass.....	32	.....
Peasley, Emma Janet.....	W. Somerville, Mass..	32	.....
Percy, David Thomas, Jr....	Bath, Me.....	22	.....
Pilling, Simeon Orison.....	Danielsonville, Conn....	27	.....
Richardson, Edw'd Blake....	Arlington, Mass.....	23	.....

## HOMOEOPATHIC MEDICAL DEPARTMENT,

Session commenced October 1, 1890. Session closed, June 25, 1891. Number of Graduates, 18. Date of Com-

Avery, A. V.....	Springport, Mich.....	23	C. W. Dale.....
Bostwick, Sara H.....	Lyons, N. Y.....	30	J. C. McPherson.....
Bourne, Philip H.....	Dunkirk, N. Y.....	21	Faculty .....
Burdick, Arthur W.....	Oakland, Cal.....	24	Faculty .....
Dean, William F., B.S.....	Independence, Iowa.....	30	Faculty .....
Flint, Harvey Elmer.....	Erie, Pa.....	27	J. F. Flint .....
Hallock, Bina Jane.....	Ann Arbor, Mich.....	38	Faculty .....
Harvey, John Howard....	Bellefonte, Pa.....	22	R. L. Dartt.....
Kirtland, Charles Wm.....	Rochester, Ind.....	23	C. Hector.....
Klein, Emma.....	Detroit, Mich.....	21	Faculty .....
Lehman, Franklin F., A.B.	Madisonburg, O.....	31	Faculty .....
Loee, James W.....	Pontiac, Mich.....	24	Faculty .....
Patterson, Myron A.....	Holly, Mich.....	24	W. W. Fowler.....
Rogers, Rebecca Williams	Pendleton, Ind.....	27	E. P. Rogers.....
Sutherland, O. L., A.B....	Three Oaks, Mich.....	30	O. Churchill .....
Tuthill, Frank Scott.....	Liberty, Mich.....	24	J. F. Brown.....
VanSchoonhoven, Mary E.	Salt Lake City, Utah....	47	R. B. Pratt.....
Wilder, Ernest Elmer ....	Chautauqua, N. Y.....	21	Faculty .....

## HOMOEOPATHIC MEDICAL

Session commenced September 15, 1890. Session closed March 6, 1891. Number of Graduates, 15. Date of Com-

Dryden, John L.....	Nioga, Ill.....	28	R. U. Leitch.....
Elfeld, Edwin A.....	Sutter, Ill.....	24	Hom. Med. Col. Missouri..
Henry, Robert Y.....	Holden, Mo.....	22	A. C. Jones.....
Hitchcock, Charles T.....	Syracuse, N. Y.....	28	Syracuse Med. Col.....
Julian, Isaac B.....	Wilburn, Kansas.....	32	S. B. Lamb, M.D.....
Kilmer, Adam.....	Gibson, Tenn.....	40	Hom. Med. Col. Missouri..
Lott, Harry L.....	Sparta, Ill.....	24	L. B. Boynton, M.D.....
Lovejoy, Mary E.....	DeVils Bluff, Ark.....	24	A. R. Massori, M.D.....
Lyons, Dennis B.....	St. Louis, Mo.....	26	A. R. Albin, M.D.....
Minnick, William W.....	Wichita, Kansas.....	23	W. A. Minnick, M.D.....
Rosat, Lena.....	St. Louis, Mo.....	25	Hom. Med. Col. Missouri..
Seitz, Frank B.....	Rochester, N. Y.....	28	Jacob Schmidt, M.D.....
Smith, Jacob W.....	Martinsville, Ind.....	30	W. L. Athon, M.D.....
Wilcox, Emma D.....	St. Louis, Mo.....	21	W. A. Wilcox.....
Young, Willis B.....	St. Louis, Mo.....	23	Hom. Med. Col. Missouri..

## SCHOOL OF MEDICINE—CONTINUED.

Time of Study.	Number of Courses attended, and Where.
Year.	
3	3 courses at Boston University School of Medicine.
3	3 courses at Boston University School of Medicine.
3	3 courses at Boston University School of Medicine.
4	3 courses at Boston University School of Medicine.
3	3 courses at Boston University School of Medicine.
3	3 courses at Boston University School of Medicine.
3	3 courses at Boston University School of Medicine.
4	3 years at Harvard Med. School, 1 at Boston Univ. School of Medicine.
3	3 courses at Boston University School of Medicine.
3	3 courses at Boston University School of Medicine.

## UNIVERSITY OF MICHIGAN.

weeks, 40. Number of Matriculants in attendance during session, 78. Number of commencement, June 25, 1891.

3	6 courses at Hom. Medical Dept. University of Michigan.
3	6 courses at Hom. Medical Dept. University of Michigan.
3	6 courses at Hom. Medical Dept. University of Michigan.
3	6 courses at Hom. Medical Dept. University of Michigan.
3	6 courses at Hom. Med. Dept. Univ. of Mich.; A.B. at State Univ. of Iowa.
3	6 courses at Hom. Medical Dept. University of Michigan.
3	6 courses at Hom. Medical Dept. University of Michigan.
3	6 courses at Hom. Medical Dept. University of Michigan.
3	6 courses at Hom. Medical Dept. University of Michigan.
3	6 courses at Hom. Med. Dept. Univ. of Michigan; A.B. at Univ. of Michigan.
3	6 courses at Hom. Medical Dept. University of Michigan.
3	6 courses at Hom. Medical Dept. University of Michigan.
3	6 courses at Hom. Medical Dept. University of Michigan.
3	6 courses at Hom. Medical Dept. University of Michigan.
3	6 courses at Hom. Medical Dept. University of Michigan.
3	6 courses at Hom. Medical Dept. University of Michigan.
3	6 courses at Hom. Medical Dept. University of Michigan.

## COLLEGE OF MISSOURI.

weeks, 26. Number of Matriculants in attendance during session, 45. Number of commencement, March 14, 1891.

14	3 courses at Hom. Medical College of Missouri.
3	3 courses at Hom. Medical College of Missouri.
3	3 courses at Hom. Medical College of Missouri.
3	2 courses at Syracuse Med. Col., 1 at Hom. Med. College of Missouri.
3	2 courses at Hom. Medical College of Missouri.
3	3 courses at Hom. Medical College of Missouri.
3	2 courses at Hom. Medical College of Missouri.
3	3 courses at Hom. Medical College of Missouri.
3	2 courses at Hom. Medical College of Missouri.
3	2 courses at Hom. Medical College of Missouri.
3	3 courses at Hom. Medical College of Missouri.
3	2 courses at Hom. Medical College of Missouri.
3	2 courses at Hom. Medical College of Missouri.
2	2 courses at Hom. Medical College of Missouri.
3	3 courses at Hom. Medical College of Missouri.

## NEW YORK HOMŒOPATHIC MEDICAL

Session commenced October 1, 1890. Session closed March 28, 1891. Number of Graduates, 44. Date of Com-

Name.	Residence.	Age.	Preceptor.
Ackerman, C. W.....	Yonkers, N. Y. ....	21	Dr. Hasbrouck, N. Y.....
Andrew, R. M.....	New York City.....	30	J. W. Dowling.....
Bailey, C. L.....	Troy, N. Y.....	21	R. F. Benson, M.D.....
Baldwin, W. P., A.B., M.D.	New York City.....	23	.....
Ball, G. R.....	Hoosac Falls, N. Y.....	21	F. R. Hudson, M.D.....
Bierbauer, B., B.S.....	Mankato, Minn.....	24	.....
Birch, C. E.....	White Plains, N. Y.....	.....	.....
Boocock, R., M.D.....	Flatbush, N. Y.....	.....	.....
Calesch, A. C.....	Hoboken, N. J.....	21	Dr. Atwell.....
Church, C. H., B.S.....	Passaic, N. J.....	24	.....
Crompton, C. W.....	Niagara Falls, Canada .....	.....	.....
Delabarre, W. E., A.B.....	New York City.....	32	College.....
Diehl, W.....	Brooklyn, N. Y.....	27	.....
Doyle, H. H.....	Pittsburgh, Pa.....	29	W. J. Martin, M.D.....
Ely, L. N., A.B.....	New York City.....	21	S. F. Wilcox, M.D.....
Foster, H. W.....	Putnam, Conn.....	21	G. L. Miller, M.D.....
Foster, W. E., A.B.....	Middletown, Conn.....	23	Wesleyan University.....
Frazier, F. M., B.S.....	Newark, N. J.....	23	Dr. Mandeville.....
Griffith, A. B.....	Grand Forks, N. Dakota.....	.....	.....
Hathaway, H. S., M.D.....	Yonkers, N. Y.....	.....	.....
Hawthurst, H. H., A.B.....	Somers Centre, N. Y.....	.....	.....
Hinman, E. L.....	Newark, N. J.....	23	J. A. Reed, M.D.....
Hopper, M. T.....	New York City.....	24	J. T. Strode, M.D.....
Jenks, F. R.....	Pawtucket, R. I.....	25	Jas. L. Wheaton, M.D.....
Kellogg, E. R.....	New Haven, Conn.....	.....	Dr. Kellogg.....
Kelly, L. S.....	Newark, N. J.....	25	E. P. Thacher, M.D.....
Knickerbocker, H. D.....	Watertown, N. Y.....	.....	.....
Leach, A. E.....	Lyons, N. Y.....	24	J. C. McPherson, M.D.....
Leonard, W. H.....	Flushing, N. Y.....	.....	.....
Lightfoot, G. F.....	Lawrence, Mass.....	.....	.....
Linquist, M. F., Jr., M.D.....	New Haven, Conn.....	23	.....
Lyman, J. G.....	New York City.....	.....	.....
McCracken, William.....	Pittsburgh, Pa.....	.....	.....
Ogden, E. G.....	New York City.....	.....	.....
Patton, H. M., B.A., M.D.....	Montreal, Canada.....	.....	.....
Piatti, V. C.....	Brooklyn, N. Y.....	.....	.....
Pease, G. G., D.D.S.....	New York City.....	.....	College.....
Pierce, W. I.....	New York City.....	.....	.....
Sage, H. P.....	New Haven, Conn.....	25	Dr. Blackman.....
Simonson, J. F.....	New York City.....	20	H. A. Richardson, M.D.....
Smith, W. L., Ph.D.....	Fort Worth, Texas.....	.....	.....
Spang, H. A., D.D.S.....	New Haven, Conn.....	.....	.....
Storer, J. H., A.B.....	Norwich, Conn.....	24	Dr. Linnell.....
Willis, H., Jr.....	Brooklyn, N. Y.....	22	Dr. Willis.....

## NEW YORK MEDICAL COLLEGE

Session commenced October 1, 1890. Session closed March 27, 1891. Number of Graduates, 9. Date of Com-

Beattie, Miss Ellen.....	Middletown, N. Y.....	.....	.....
Brown, Miss C. Evelyn.....	Brooklyn, N. Y.....	.....	Dr. Harriet Brown.....
O'Brien, Miss E. C. D.....	New York City.....	.....	.....
Brown, Mrs. Jane.....	San Francisco, Cal.....	.....	.....
Monion, Mrs. L. H.....	Brooklyn, N. Y.....	.....	.....
Lewis, Miss Bessie.....	Brooklyn, N. Y.....	.....	.....
Smith, Miss Clara.....	Brooklyn, N. Y.....	.....	.....
Townsend, Mrs. Kate G.....	New York City.....	.....	.....
Wylie, Miss L. L., M.D.....	Philadelphia, Pa.....	.....	.....

## 185

**weeks, 24. Number of Matriculants in attendance during session, 148. Number of commencement, April 9, 1891.**

Time of Study.	Number of Courses attended, and Where.
Years.	
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	1 course of Lectures; Graduate of Yale Medical School.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	2 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	2 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	2 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	1 course of Lectures; Graduate College of Physicians and Surgeons.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	4 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	1 course of Lectures; Graduate Elec. Medical Institute, Cincinnati, Ohio.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	1 course of Lectures; Graduate McGill University Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	1 course of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	1 course of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	1 course of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.
3	3 courses of Lectures and Graduate New York Hom. Medical Col.

**weeks, 28. Number of Matriculants in attendance during session, 40. Number of commencement, April 21, 1891.**

3	
3	
3	
3	1 year in New York Med. Col. and Hosp. for Women, 2 years in S. Francisco.
3	
3	
3	
3	
1	4 years in Women's Col. of Pennsylvania, from which she graduated in '89.

## CLEVELAND HOMŒOPATHIC

Session commenced September 24, 1890. Session closed March 24, 1891. Number of Graduates, 8. Date of Com-

Name.	Residence.	Age.	Preceptor.
Chamberlain, A. E.....	Cleveland, O.....	.....	J. W. Frizzell.....
Evelyn, Robert S.....	Barbadoes, West Indies....	.....	H. Pomeroy.....
Herzog, Lucy Stone.....	Cleveland, O.....	.....	J. C. Sanders.....
Hogue, T. F.....	Mercer, O.....	.....	L. R. Heath.....
Johnson, T. L.....	Ravenna, O.....	.....	R. B. Johnson.....
McAfee, J. D.....	Cleveland, O.....	.....	A. Gleason.....
Rowland, J. E.....	South Euclid, O.....	.....	W. G. Meredith.....
Smith, A. B.....	Sandy Lake, Pa.....	.....	W. B. Wall.....

## CLEVELAND MEDICAL

Session commenced September 24, 1890. Session closed March 25, 1891. Number of Graduates, 19. Date of Com-

Bell, Richard W.....	New Castle, Pa.....	21	J. W. Covert, M.D.....
Caswell, Glenn G.....	Geneva, O.....	23	Geo. G. Biggar, M.D.....
Foljambe, Theo. D.....	Cleveland, O.....	21	H. H. Baxter, M.D.....
Graham, Arthur C.....	Garrettsville, O.....	21	Jas. A. Miller, M.D.....
Hausch, Owa. O.....	Chardon, O.....	25	E. D. Warner, M.D.....
Lee, Frank C.....	Mantua, O.....	23	A. M. Erwin, M.D.....
Lunger, J. S.....	Prospect, O.....	25	N. O. Brenizer, M.D.....
Mantz, Cash. C.....	Lodi, O.....	28	A. E. Elliott, M.D.....
Motley, C. I. L.....	Barbadoes, W. I.....	32	Kent B. Waite, M.D.....
McClure, S. D.....	Sandusky, O.....	36	Edwin Gillard, M.D.....
Paterson, William.....	Cleveland, O.....	26	H. B. VanNorman, M.D...
Priestley, William S.....	Pittsburgh, Pa.....	26	C. A. Wilson, M.D.....
Smith, Thad. B.....	Hornellsville, N. Y.....	29	W. H. Hathaway, M.D.....
Stewart, Fred. W.....	Canfield, Ontario.....	29	W. D. McGill, M.D.....
Thomas, Charles B.....	Cleveland, O.....	24	W. B. Thomas, M.D.....
Washburn, Julia.....	Elyria, O.....	28	N. Schneider, M.D.....
White, John E.....	Willoughby, O.....	21	G. S. Storms, M.D.....
Williams, Perry C.....	Neosho Falls, Kansas.....	22	H. C. Royer, M.D.....
Zink, Henry F.....	Clarington, O.....	28	R. W. Muhleman, M.D....

## PULTE MEDICAL COLLEGE,

Session commenced, September 17, 1890. Session closed March 9, 1891. Number of Graduates, 29. Date of Com-

Blackshaw, J. E.....	Pittsburgh, Pa.....	36	B. F. Dake, M.D.....
Blair, T. L.....	Waynesburg, Pa.....	27	J. W. Ely, M.D.....
Brown, H. S.....	Clinton, Maine.....	31	J. S. Tabor, M.D.....
Buck, E. C.....	Cincinnati, Ohio.....	21	J. D. Buck, M.D.....
Craig, J. M.....	Stanford, Ky.....	23	M. Dilla, M.D.....
DeLaureal, G. R.....	St. Martinsville, La.....	21	L. S. DeLaureal, M.D.....
Estep, C. S.....	New Burlington, O.....	23	L. C. Walker, M.D.....
Fenton, F. S.....	Richmond, Mich.....	25	W. D. Clark, M.D.....
Gordon, I. B.....	Milan, O.....	21	S. E. Simmons, M.D.....
Howard, M. L.....	Clinton, Ill.....	23	H. W. Hawley, M.D.....
Huggins, R. V.....	Sicily, O.....	21	Dr. Freeman.....
Hunt, J. S.....	Delaware, O.....	27	M. P. Hunt, M.D.....
Keeler, E. B.....	Richmond, Mich.....	29	W. D. Clark, M.D.....

## HOSPITAL COLLEGE.

weeks, 24. Number of Matriculants in attendance during session, 62. Number of  
mencement, March 24, 1891.

Time of Study.	Number of Courses attended, and Where.
Years.	
3	3 courses at Cleveland Hom. Hospital College.
3	3 courses at Cleveland Hom. Hospital College.
3	3 courses at Cleveland Hom. Hospital College.
3	3 courses at Cleveland Hom. Hospital College.
3	3 courses at Cleveland Hom. Hospital College.
3	3 courses at Cleveland Hom. Hospital College.
3	3 courses at Cleveland Hom. Hospital College.
3	3 courses at Cleveland Hom. Hospital College.

## COLLEGE, CLEVELAND, O.

weeks, 26. Number of Matriculants in attendance during session, 70. Number of  
mencement, March 25, 1891.

3	2 courses at Pulte Med. College, 1 at Cleveland Med. Col.
3	2 courses at Cleveland Hom. Hospital Col., 1 at Cleveland Med. Col.
3	2 courses at Hom. Hosp. Col., 1 at Cleveland Med. Col.
3	2 courses at Hom. Hosp. Col., 1 at Cleveland Med. Col.
3	2 courses at Hom. Hosp. Col., 1 at Cleveland Med. Col.
3	2 courses at Hom. Hosp. Col., 1 at Cleveland Med. Col.
3	2 courses at Hom. Hosp. Col., 1 at Cleveland Med. Col.
3	2 courses at Hom. Hosp. Col., 1 at Cleveland Med. Col.
3	2 courses at Hom. Hosp. Col., 1 at Cleveland Med. Col.
3	2 courses at Hom. Hosp. Col., 1 at Cleveland Med. Col.
3	2 courses at Hom. Hosp. Col., 1 at Cleveland Med. Col.
3	2 courses at Hom. Hosp. Col., 1 at Cleveland Med. Col.
3	2 courses at Hom. Hosp. Col., 1 at Cleveland Med. Col.
3	2 courses at Hom. Hosp. Col., 1 at Cleveland Med. Col.
3	2 courses at Hom. Hosp. Col., 1 at Cleveland Med. Col.
3	2 courses at Hom. Hosp. Col., 1 at Cleveland Med. Col.
3	2 courses at Hom. Hosp. Col., 1 at Cleveland Med. Col.
3	2 courses at Hom. Hosp. Col., 1 at Cleveland Med. Col.
3	2 courses at Hom. Hosp. Col., 1 at Cleveland Med. Col.

## CINCINNATI, OHIO.

weeks, 24. Number of Matriculants in attendance during session, 64. Number of  
mencement, March 9, 1891.

4	2 courses at Pulte Medical College.
3	3 courses at Pulte Medical College.
4	2 courses at Pulte Medical College.
3	3 courses at Pulte Medical College.
4	2 courses at Pulte Medical College.
4	2 courses at Pulte Medical College.
4	2 courses at Pulte Medical College.
3	2 courses at Pulte Medical College.
4	2 courses at Pulte Medical College.
8	2 courses at Pulte Medical College.
8	2 courses at Pulte Medical College.
4	1 course at Pulte Medical College, 1 at Cleveland.
3	2 courses at Pulte Medical College.

## PULTE MEDICAL COLLEGE,

Name.	Residence.	Age.	Preceptor.
Kirkpatrick, W. T.....	Van Wert, O.....	21	A. S. Kirkpatrick, M.D....
Long, W. L.....	New Haven, O.....	41	E. Y. Howard, M.D.....
Marshall, J. D.....	Middletown, O.....	22	T. E. Reed, M.D.....
Meadow, J. D.....	Webb City, Ark.....	28	J. C. Bridges, M.D.....
Meador, L. D.....	Cincinnati, O.....	23	J. D. Buck, M.D.....
Miller, G. W.....	Cincinnati, O.....	21	H. W. Hawley, M.D.....
Moll, T. M.....	Detroit, Mich.....	21	O. Lang, M.D.....
Peterson, P. B.....	Waterloo, N. Y.....	26	O. W. Peterson, M.D.....
Rodgers, W. G.....	Greenfield, O.....	28	U. H. Merson, M.D.....
Smith, F. A.....	Cincinnati, O.....	38	Practitioner.....
Snow, H.....	Cincinnati, O.....	30	A. H. Ehrmann, M.D.....
Starbuck, S. H.....	Cincinnati, O.....	29	I. Robb, M.D.....
Troutman, G. D.....	Eminence, Ky.....	26	C. P. Meredith, M.D.....
Vogel, C. R.....	Chillicothe, O.....	25	C. Hoyt, M.D.....
Wachendorf, C. C. J.....	Wichita, Kansas.....	27	Pulte College.....
Whiting, F. A.....	Helena, Montana.....	30	Pulte College.....

## HAHNEMANN MEDICAL COLLEGE

Session commenced September 29, 1890. Session closed March 28, 1891. Number of Graduates, 60. Date of Com-

Abbott, Francis L.....	Bristol, Pa.....	21	J. DeB. Abbott.....
Ackley, William S.....	Philadelphia, Pa.....	27	A. J. Richardson.....
Arschagouni, Johannes...	Constantinople, Turkey...	37	W. B. VanLennep.....
Benham, Charles M.....	Newark Valley, N. Y.....	25	F. M. Bishop.....
Blackburn, William J.....	Philadelphia, Pa.....	28	A. S. Mattson.....
Brannen, Frank.....	Washington C. House, O.,	24	H. P. Ustick.....
Brose, George W.....	Schock's Mills, Pa.....	27	G. W. Reich.....
Chase, Theo. Livingst'n, Jr.	Philadelphia, Pa.....	24	E. R. Snader.....
Christine, G. Maxwell, M.D.	Philadelphia, Pa.....	33	University of Penna.....
Clark, Frank R.....	Riegelsville, Pa.....	25	H. D. Heller.....
Cobb, Arthur R., A.B.....	Philadelphia, Pa.....	21	W. H. H. Neville.....
Farley, Walter B.....	Phoenixville, Pa.....	22	R. Farley.....
Fitch, George W. H., M.D.	Washington, D. C.....	25	Columbia University.....
Griffith, John B.....	Camden, N. J.....	34	A. E. Griffith.....
Haines, Edward S.....	Philadelphia, Pa.....	22	O. S. Haines.....
Hall, Phillipe S., B.S.....	Philadelphia, Pa.....	23	W. C. Goodno.....
Haman, Charles R.....	Reading, Pa.....	22	W. A. Haman.....
Heritage, Joseph B.....	Bustleton, Pa.....	21	A. C. Heritage.....
Kelliher, Mayville S.....	Mariaville, Maine.....	26	George A. Lord.....
Kirk, Peter Hally.....	Philadelphia, Pa.....	24	W. D. Bayley.....
Laoy, Henry A.....	Camden, N. J.....	28	E. M. Howard.....
Lane, Nathaniel F.....	Vineland, N. J.....	27	M. M. Walker.....
LaPlant, Hiram D.....	Philadelphia, Pa.....	31	F. S. Smith.....
Lewis, Clarence Jarrett...	Holmesburg, Pa.....	21	N. T. German.....
Lichtenwalner, Abbott B..	Philadelphia, Pa.....	29	A. F. Zeigenfus.....
Locke, Melvin J.....	Philadelphia, Pa.....	23	C. E. Weidon.....
Miller, Frederick M.....	Philadelphia, Pa.....	21	University of Penna.....
McCann, T. Addison.....	Dayton, Ohio.....	29	F. W. Thomas.....
Morgan, E. M., M.D., C.M.	Perth-Ontario, Canada....	21	Queen's Univ., Toronto...
Oberholser, Martin H.....	Terre Hill, Pa.....	33	D. W. Harner.....
Parsons, Arthur Lincoln...	Augusta, Maine.....	21	N. Y. Hom. College.....
Pearman, Sylvan, M.D.....	Denver, Colorado.....	31	Hom. College of Missouri.
Pierson, Frank F.....	Milford, Del.....	21	J. G. Dawson.....
Quackenbush, Arnley.....	Toronto, Canada.....	24	J. G. Tyrrell.....



## CINCINNATI, OHIO—CONTINUED.

Time of Study.	Number of Courses attended, and Where.
Years.	
4	2 courses at Pulte Medical College.
4	2 courses at Pulte Medical College.
4	3 courses at Pulte Medical College.
3	3 courses at Pulte Medical College.
3	3 courses at Pulte Medical College.
3	2 courses at Pulte Medical College.
3	2 courses at Pulte Medical College.
4	3 courses at Pulte Medical College.
4	2 courses at Pulte Medical College.
10	2 courses at Pulte Medical College.
4	2 courses at Pulte Medical College.
3	2 courses at Pulte Medical College.
3	3 courses at Pulte Medical College.
3	3 courses at Pulte Medical College.
4	3 courses at Pulte Medical College.
3	3 courses at Pulte Medical College.

## OF PHILADELPHIA.

weeks, 25. Number of Matriculants in attendance during session, 223. Number of commencement, April 7, 1891.

3	3 courses at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
13	3 courses at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
5	3 courses at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
4	3 courses at Univ. of Penna., 1 at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
4	3 courses at Hahnemann Medical College.
4	3 courses at Columbian Univ., D. C., 1 at Hahnemann Medical College.
4	3 courses at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
4	3 courses at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
4	3 courses at Hahnemann Medical College.
4	3 courses at Hahnemann Medical College.
4	3 courses at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
3	2 courses at Univ. of Penna., 1 at Hahnemann Medical College.
9	1 course at Univ. of Michigan, 1 at Hahnemann Medical College.
5	4 courses at Queen's College, Canada, 1 at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
3	2 courses at New York Hom. Col., 1 at Hahnemann Medical College.
3	2 courses at Hom. Med. Col. of Missouri, 1 at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
3	1 course at Univ. of Michigan, 1 at Hahnemann Medical College.



## HAHNEMANN MEDICAL COLLEGE

Name.	Residence.	Age.	Preceptor.
Reading, Charles L.....	Philadelphia, Pa.....	21	J. H. Reading.....
Rinehart, Stanley M., Ph.B.	Pittsburgh, Pa.....	23	C. C. Rinehart.....
Rothermel, Felix D.....	Ashland, Pa.....	25	L. A. Snyder.....
Severinghaus, E. A., M.D.	Seymour, Ind.....	22	Louisville Med. Col.....
Schantz, Henry F., A.B....	Myerstown, Pa.....	21	D. P. Gerberich.....
Sherwood, William E.....	Wilmington, Del.....	31	Peter Cooper.....
Shinn, Charles Tiel.....	Philadelphia, Pa.....	38	J. M. Gerhart.....
Shirk, Samuel M.....	New Holland, Pa.....	21	D. W. Harner.....
Shute, Albert Clement....	Clarksborough, N. J.....	22	J. Musgrave.....
Steudel, Robert.....	Chattanooga, Tenn.....	34	H. F. Ivinus.....
Stirk, James C.....	Philadelphia, Pa.....	32	H. N. Martifi.....
Talmage, Eugene.....	Cleveland, O.....	24	Hom. Col., Cleveland.....
Trew, Bartus, M.D.....	Chestertown, Md.....	21	Col. Ph. and Sur., Balto.....
Walker, William E.....	Bradford, Maine.....	27	Hahn. Med. Col., 1885.....
Ward, John McE.....	Philadelphia, Pa.....	29	J. M. Reeves.....
Wayland, Charles L.....	Gilroy, Cal.....	24	B. Dryant.....
Wells, Charles H., D.D.S..	Ridley Park, Pa.....	31	E. R. Snyder.....
Whinna, Rev. Robert.....	Philadelphia, Pa.....	51	John E. James.....
Whinna, Elmer G.....	Philadelphia, Pa.....	21	John E. James.....
Wilbur, Bertrand K.....	Bryn Mawr, Pa.....	21	W. C. Powell.....
Williams, John C.....	Fairhaven, Vt.....	27	G. E. Sparhawk.....
Wilson, Frank.....	Washington Ct. H., Ohio..	54	H. P. Ustick.....
Wilson, L. D., M.D., B.S.	Washington, D. C.....	25	Columbia Univ., D. C.....
Wiltbank, Rutledge T.....	Philadelphia, Pa.....	37	F. Buchman.....
Woodward, Wells.....	Middleport, Ohio.....	22	W. A. Hanlan.....

Honorary Degree,.....EUFUS B. WEAVER, M.D., Philadelphia, Pa.

## GRADUATES.

191

## OF PHILADELPHIA—CONCLUDED.

Time of Study.	Number of Courses attended, and Where.
Years.	
3	3 courses at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
4	4 courses at Hahnemann Medical College.
4	3 courses at Louisville Med. Col., 1 at Hahnemann.
3	3 courses at Hahnemann Medical College.
4	3 courses at Hahnemann Medical College.
4	3 courses at Hahnemann Medical College.
4	1 course at Jefferson Med. Col. of Pa., 2 at Hahnemann Medical College.
4	3 courses at Hahnemann Medical College.
4	3 courses at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
4	1 course at Monroe Hosp. Col., Ohio, 2 at Hahnemann Medical College.
3	2 courses at Col. of Physicians and Surgeons, Baltimore, 1 at Hahnemann.
2	2 courses at Hahnemann Medical College, 1885-86, 1 in 1890-91.
3	3 courses at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
4	4 courses at Hahnemann Medical College.
4	3 courses at Hahnemann Medical College.
4	3 courses at Hahnemann Medical College.
3	3 courses at Hahnemann Medical College.
3	1 course at University of Vermont, 2 at Hahnemann Medical College.
5	3 courses at Hahnemann Medical College.
4	3 courses at Columbia University, D. C., 1 at Hahnemann Medical College.
5	3 courses at Hahnemann Medical College.
4	3 courses at Hahnemann Medical College.



PROCEEDINGS  
OF THE  
FOURTH QUINQUENNIAL SESSION  
OF THE  
*International Homœopathic Congress,*  
HELD AT  
ATLANTIC CITY, N. J., U. S. A.,  
JUNE 16 TO 22, 1891.  
INCLUDING THE  
MINUTES OF THE SESSION,  
ADDRESSES,  
SCIENTIFIC ESSAYS, DISCUSSIONS,  
AND  
REPORTS ON THE HISTORY AND PROGRESS OF  
HOMŒOPATHY.



MINUTES  
OF THE  
FOURTH QUINQUENNIAL SESSION  
OF THE  
INTERNATIONAL HOMŒOPATHIC CONGRESS.

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THE Fourth Quinquennial Session of the International Homœopathic Congress was held in the United States Hotel, at Atlantic City, New Jersey, U. S. A., beginning on Tuesday evening, June 16, 1891, at 8 o'clock.

The sessions were held in connection with the Forty fourth Annual Session of the American Institute of Homœopathy. The Institute held sessions for the transaction of business during the day on which the International Congress assembled, and also sessions of a half hour each day during the continuance of the Convention.

The hotel pavilion in which the sessions were held was tastefully decorated with growing plants, which almost concealed the stage, and with flags and bunting. Directly behind the president's chair there was concealed by a veil a life-size oil portrait of Hahnemann, loaned for the occasion by the Hahnemann Medical College of Philadelphia. Above the picture and against a festooned curtain of white, the name of "HAHNEMANN" appeared in gold letters, while a little in front and above, the legend "*Similia Similibus Curantur*" was displayed, likewise in letters of gold against festoons of pure white. Around the room were a number of shields emblazoned with the names of departed homœopathic worthies, whose labors have brought the science and art of homœopathy to its present state of influence and usefulness, and over the entrance and directly facing the name and portrait of Hahnemann, the name of Hippocrates appeared, as one who, in the early history of medicine, had taught the doctrine of similars. The names are as follows :

## HAHNEMANN.

BAËHR.  
BELCHER.  
BËNNINGHAUSEN.  
CLARY.  
DETWILLER.  
FARRINGTON.  
FLEISCHMANN.  
GARDINER.  
GRAM.  
GRAY.  
GRIESSELICH.  
HARTMANN.  
HEMPEL.  
HERING.  
JAHR.  
JOSLIN.  
LIPPE.  
M'MANUS.  
MEYHOFFER.  
NORTON.  
PAYNE.  
PULTE.  
REICHHELM.  
RUECHERT.  
SMALL.  
STAPP.  
TESSIER.  
WILLIAMSON.

BAYARD.  
BLACK.  
CHANNING.  
DES GUIDI.  
DUNHAM.  
FLAGG.  
FRANKLIN.  
GERSTEL.  
GRAUVOGL.  
S. GREGG.  
GUERNSEY.  
HAUSSMANN.  
HENDERSON.  
HULL.  
JEANES.  
KIRBY.  
McCLATCHEY.  
MEYER.  
MÜLLER.  
NUNEZ.  
PETROZ.  
QUIN.  
RUBINI.  
SAWYER.  
D. S. SMITH.  
SWAZEY.  
WESSELHOEFT.  
WURMB.

## HIPPOCRATES.

The chair was occupied at eight o'clock by Richard Hughes, M.D., of Brighton, England, Permanent Secretary of the Congress. His presence on the stage was greeted with hearty applause. There were present also on the platform, His Honor, Mayor Hoffman, of Atlantic City; Rev. Wm. Aikman, D.D., Pastor of the First Presbyterian Church, of Atlantic City, and Theo. Y. Kinne, M.D., President of the American Institute of Homœopathy.

Secretary Hughes, in calling the Congress to order, spoke as follows:

**LADIES AND GENTLEMEN.**—I must begin by saying a few words to you, defining the position in which we stand at this present moment. These International Homœopathic Conventions, have no permanent and continuous existence; they are organized for each occasion. Accordingly, to preserve some continued life in them, it was thought desirable at our meeting in London in 1881, to appoint a permanent secretary, who should keep the archives of the convention, superintend the publication of the transactions, etc., and should be responsible for the summoning and inauguration of each successive meeting. I was honored by being appointed to this office, and it is in virtue of this position that I take the chair at this preliminary meeting to-night. Now the first necessity for an International Convention, like every other gathering, is a place in which to meet. The place chosen is Atlantic City, and his Honor, Mayor Hoffman, is here to give us an Address of Welcome.

**THE MAYOR:** Mr. Chairman, ladies and gentlemen of the International Homœopathic Congress. As executive officer of this city, it has been my pleasure and honor to officially extend a few words of welcome to numerous civic and professional bodies, but never before to extend a welcome to so distinguished an assembly of professional ladies and gentlemen. My words, of course, will be few, my duty simple and pleasant. I congratulate the city upon your presence and I congratulate you upon your pleasant surroundings, and that somebody has thought of suggesting the holding of this Congress at this great seaside resort. In behalf of the citizens and local physicians I extend to you a most hearty welcome. While this greeting may not be quite so warm as in New York, where the mercury is up to 100°, nevertheless it comes from our hearts and the welcome is just as earnest and kindly. Let me say, in parenthesis, that the increase in the police force, of which you may have seen notice in the daily press, is not because you are here, but because the Pennsylvania Editorial Association meets here next week. Now lest some of the older gentlemen who have not their wives, or daughters; or somebody else's daughters with them, may have numerous committee meetings to attend, and may be out late at night, I have instructed the police that the password of such would be "Similia Similibus Curantur," and, if this should, for the time prove confus-



ing to some of your members, I have made it shorter, and they are to recognize in the same kindly manner, the word "sawbones." I trust your deliberations here will be so pleasant that you will soon be constrained to select Atlantic City again. And in your business relations as you remember the benefits of our air, sunlight and ozone may you be constrained to say to your patients, you will never get well until you go to Atlantic City. I much regret that my engagements for the evening will not allow me to remain with you, but I promise myself the pleasure of a visit to the convention at another time, to enjoy your discussions of the subjects that so vitally concern us all. Our citizens expect to tender you an entertainment at Longport, and hope that it will be agreeable for you all to accept. Again I bid you welcome!

DR. HUGHES: Allow me to thank you Mr. Mayor, for the kindly words with which you have welcomed us to your city. And now, ladies and gentlemen, one word more; each of these conventions must be especially organized, and by those among whom we meet. When we first met in Philadelphia, in 1876, as a great many here will remember, the whole arrangement for the meeting was undertaken by the American Institute of Homœopathy, and we had that great gathering under Carroll Dunham, of blessed memory, which will live in the memory of many of us to the end of our lives. In London, in 1881, the arrangements were undertaken by the British Homœopathic Congress, which meets annually somewhere on the Island. When we met in Basle, in 1886 the arrangements had to be undertaken by the secretary, through an unfortunate failure of our confreres in Belgium. Now the Institute has again undertaken to provide for the organization and expenses of the meeting, and I would call upon Dr. Kinne, its President, for a word of greeting.

### ADDRESS OF GREETING.

BY PRESIDENT T. Y. KINNE, M.D.

*Mr. Secretary.*—In behalf of the American Institute of Homœopathy I give a welcome greeting to you, sir, and those whom you represent at this meeting. The preparations for this meeting have been with the American Institute of Homœopathy a labor of love. It has been for us a pleasure to feel that the members of the homœopathic profession throughout the world could, and would, come to us and be received with open arms. With open arms and full, warm hearts we greet you. We greet you, sir, as warmly as the sun in New York or Philadelphia possibly could, we greet you as warmly as Texas or New Orleans could. We cannot say what we have in our minds for you. Our hearts are full of gratitude that we live to welcome this Homœopathic Congress—full of gratitude that it is made possible for every member of the healing profession to go forth to the world and minister to bodies and minds diseased. As

the members of this Congress sit within these walls, we find inscribed upon the shields around us the names of those dear to us and dear to you. They have passed from labor to reward, but their memory still remains. Some are known to you by their work in a literary way; some are known to us by their personal influence, and all are known by their pure and devoted lives. Together, shoulder to shoulder, they marched forward, carrying on this great and noble cause of Homœopathy. With Christ-like self-sacrifice, they spent nights and days of ceaseless toil that they might be the better fitted to carry on this God-given work. They marched on, day after day, year after year—before them the uplifted banner under which they fought and upon which was inscribed the name of their great leader, Hahnemann.

[At this point Dr. A. W. Bailey, of Atlantic City, unveiled a life-size portrait of Hahnemann suspended behind the president's chair. As the picture of the great leader came into view it was greeted by the audience with enthusiastic applause.]

Turning to the portrait, Dr. Kinne continued: Oh! senseless image of the mighty dead, could those dumb lips but speak unto our ears, could those dim eyes but flash the light of truth, could that pulseless heart but throb as of yore, and that busy brain give to us the advice we so much desire, blessed indeed should we be. If thy pure spirit from its blissful home doth erstwhile come to bless us for our duty done in the great cause for which you lived and died, the travail of your soul is satisfied!

Again, sir, I greet you with a hearty hand clasp, and only pray that our hours of intercourse here may carry with them so blessed a memory that as you walk your toilsome round the recollection thereof shall lighten your way until you are called from labor to refreshment in the halls of the blest above.

DR. HUGHES: Again I am sure I express all your minds in uttering warm thanks to Dr. Kinne for the sentiments he has expressed and the manner in which he has conveyed them.

Now, the Institute having greeted us by its representative, it next has to tell us what plans it has made for us. We are at present an unorganized body. It is necessary that we should have proper officers, rules of procedure, order of business, etc. All these the Institute has thought out and planned for us, and I call upon Dr. Kinne, as President of the Institute, to tell us what are the plans for organization and the work of this convention.

DR. KINNE then, as President of the American Institute of Homœopathy, and on its behalf, presented a list of officers, rules of order and an order of business for the government of the congress during the session, and they were adopted. Following are the officers thus nominated and elected and the rules of order as adopted by the Convention:

*Honorary President.*

Robert Ellis Dudgeon, M.D., of London, Eng.

*President.*

I. Tisdale Talbot, M.D., of Boston, Mass.

*Vice-Presidents.*

H. Harris, M.R.C.S., of London, Eng.,  
President of the British Homœopathic Congress;  
Dr. Joaquin Gonzalez, of the City of Mexico,  
President of the Mexican Institute of Homœopathy;  
Theo. Y. Kinne, M.D., of Paterson, N. J.,  
President of the American Institute of Homœopathy;  
Clarence Willard Butler, M.D., of Montclair, N. J.,  
President of the International Hahnemannian Association;  
And Presidents of all other National Homœopathic Societies.

*Honorary Vice-Presidents.*

Presidents of State and Provincial Societies.

*Permanent Secretary.*

Richard Hughes, M.D., of Brighton, Eng.

*Recording Secretary.*

Pemberton Dudley, M.D., of Philadelphia, Pa.,  
General Secretary of the American Institute of Homœopathy.

*Provisional Secretary and Stenographer.*

T. M. Strong, M.D., of Macon, Ga.,  
Provisional Secretary of the American Institute of Homœopathy.

*Treasurer.*

E. M. Kellogg, M.D., of New York, N. Y.,  
Treasurer of the American Institute of Homœopathy.

## RULES OF ORDER.

1. All homœopathic physicians attending the sessions of the Congress shall have equal rights as members.

2. The President shall appoint, and shall announce at the first session of the Congress, Committees on Business and on Resolutions, of five members each. He shall also appoint, as early as practicable, a Committee on the Fifth Quinquennial International Homœopathic Convention, to consist of one member from each country represented at the Congress. The President and Permanent Secretary shall be added to each of these committees as members *ex officio*.

3. The Committee on Business shall consider and decide, subject to the approval of the Congress, which of the Papers presented in any department shall be read in full, which in abstract and which by title, and which of them shall be made the subjects of discussion. The Committee shall also consider and report, from time to time, such measures as it may deem necessary for promoting and expediting the business of the session.

4. The Committee on Resolutions shall consider the subject-matter of all resolutions, and of all other business that may be submitted to it, and shall report thereon at such times as the Congress may direct.

5. The Committee on the Fifth Quinquennial International Homœopathic Congress shall consider the subject expressed in its title, and shall report thereon, with such plans and suggestions as to the organization of the work of the next Congress as it may deem expedient.

6. Addresses—excepting that of the president—shall not occupy more than thirty minutes in their delivery, and essays not more than fifteen minutes in reading, except by consent of the Congress.

7. No essay or address shall be open for discussion—except by special consent of the Congress—until a copy thereof shall have been placed in the hands of the secretary.

8. Members announced by the president to lead in the discussion of any paper shall not occupy more than ten minutes. Other members participating in the discussion shall not consume more than five minutes. No member shall speak more than once upon any subject under discussion until all others shall have had opportunity. The author of a paper shall have the privilege of closing the discussion thereon.

9. Presentation of “reports” of the condition and progress of homœopathy in various States and countries shall be limited to twenty minutes each.

10. Resolutions, and motions having the effect of resolutions, shall be read, and referred to the committee without debate; but they shall be open for discussion when reported back from the committee.

11. Reports and recommendations from the Committee on Business shall be first in order at the opening of each morning and afternoon session.

12. The American Institute of Homœopathy shall have full authority to publish the TRANSACTIONS of the Congress in connection with the TRANSACTIONS of its Forty-fourth Annual Session, and to dispose of the volume to such persons, and upon such terms, as may be decided by the Executive Committee of the Institute.

The President-elect, I. Tisdale Talbot, M.D., of Boston, Mass., U. S. A., was then escorted to the chair. Here he was met by the Permanent Secretary, who presented him with the "Dunham gavel," the symbol of presidential authority, which had been wielded by Dr. Carroll Dunham, president of the convention in Philadelphia, in 1876; by Dr. Richard Hughes, president of the convention in London, in 1881; and by Dr. John Meyhoffer, president of the convention in Basle, Switzerland, in 1886. The Congress then listened to the following:

### ADDRESS OF THE PRESIDENT.

*Friends and Colleagues—Members of the Fourth Quinquennial International Homœopathic Congress:*

I thank you for the honor you have conferred upon me in selecting me for your president. It has been my wish and my earnest effort to secure for this place another and far abler occupant, but circumstances prevented his presence with us, and I yield my preferences to the many kind expressions you have given me. While I shall endeavor to serve you to the best of my ability, let me ask your kind forbearance in my shortcomings and your assistance in my efforts for the success of this convention.

It may not be amiss at this time to consider for a moment in what capacity and why we are here.

First, we come as physicians gathered together from various parts of the world, all showing by this pilgrimage our loyalty and devotion to the medical profession. Many of us, for two-score years or even more, have given our thoughts, our comforts and our time to the exacting duties in which we have been involved. To properly fit ourselves for these duties required years of earnest study, and the ever-changing conditions of disease have made the continuance

of that study imperative. The heavy responsibilities that rest upon us—the consciousness that life or death so often depend upon our efforts, give us a constant longing for the greater perfection of our art, and the increase of certainty in our methods. For this purpose we have come—many of us long distances—and trust that our assembling here may do something of good to our profession and the world.

Second, we come as homœopathic physicians, believing that the principle of *similia similibus curantur* is the best guide in the application of medicine to disease. It is our object to do what we can to make these methods more exact and less difficult, so that in time this God-given law shall, by its demonstrated success, become universally accepted. In this matter it is rather our duty to consider the failures and the weak points of our system and how to remove them, than to dwell more pleasantly upon those things already well understood and sufficiently successful.

Third, we are here as representatives of many thousands who cannot be with us, and who are earnestly waiting for any benefits we may accumulate, or any light we may throw upon the dark places of disease. It is not for ourselves alone that we are here; it is for the benefit of the whole medical profession and through them the whole of humanity.

Realizing, then, the objects for which we are assembled, the responsibilities which rest upon us, the possibilities which we may accomplish, let every hour of our time be filled with valuable suggestions.

When we consider the advance of medical science in the last decade, let us ask ourselves if we personally have done our full share in this progress. Have we, as believers in the efficacy of homœopathy, done all we could for its advancement? The subject of *materia medica*, so important in its relation to therapeutics, will demand that careful consideration at our hands which should produce valuable results; while the various special branches connected with this subject will be of no little interest in our discussion. We have to consider the important progress our school of medicine is making and the best ways of developing our institutions, our societies, literature, dispensaries, hospitals and medical colleges. The field is broad enough, and if we rightly cultivate it we may date from this hour and place a new era in medical progress.

Though we cannot have with us the one whom you have made your Honorary President, yet he has given us some thoughts which have relieved me from the duty of making any lengthy address, and to these I am sure you will gladly listen. If we may differ from any of his conclusions, yet coming as they do from one of the oldest, most experienced and careful observers of our school, they will at least command our most thoughtful consideration.

President Talbot then read an address to the Congress entitled "Homœopathic 'Certa' and 'Dubia,'" by the Honorary President, Robert Ellis Dudgeon, M.D., of London, England, who was unavoidably absent and had forwarded the address (see "Address, by R. E. Dudgeon, M.D.>").

The address of the Honorary President was accepted and referred to the Committee of Publication; and the Recording Secretary was instructed to transmit the thanks of the Congress to Dr. Dudgeon.

The President announced the following committees:

*Committee on Business.*

J. H. McClelland, M.D., Chairman,	Pittsburgh, Pa.
A. C. Cowperthwaite, M.D.,	Iowa City, Ia.
J. Montfort Schley, M.D.,	New York, N. Y.
Clitus S. Hoag, M.D.,	Bridgeport, Conn.
Charles E. Fisher, M.D.,	San Antonio, Tex.
I. Tisdale Talbot, M.D., <i>ex-officio</i> ,	Boston, Mass.
Richard Hughes, M.D., <i>ex officio</i> ,	Brighton, Eng.

*Committee on Resolutions.*

J. P. Dake, M.D., Chairman,	Nashville, Tenn.
Wm. H. Holcombe, M.D.,	New Orleans, La.
F. H. Orme, M.D.,	Atlanta, Ga.
D. H. Beckwith, M.D.,	Cleveland, O.
Elias C. Price, M.D.,	Baltimore, Md.
I. Tisdale Talbot, M.D., <i>ex-officio</i> ,	Boston, Mass.
Richard Hughes, M.D., <i>ex-officio</i> ,	Brighton, Eng.

The Chairman of the Committee of Local Arrangements, Dr. M. D. Youngman, of Atlantic City, then made a number of announcements relating to the preparations made by his committee for the comfort and enjoyment of the delegates and their friends.

A cablegram was received from the Berliner Verein Homœopatischer Aerzte, conveying the greetings and good wishes of that organization to the International Congress.

Telegrams, congratulatory and regretful, were also received from Drs. S. Lilienthal of San Francisco, Cal.; T. G. Comstock of St. Louis, Mo., and E. M. Kellogg of New York City.

The session was then adjourned until Wednesday morning at ten o'clock.

WEDNESDAY MORNING, June 17, 1891.

The Congress was again called to order at ten o'clock by President Talbot, who occupied the chair.

The order of business adopted by the Congress provided for an address to be delivered each morning on some special subject which had been selected and arranged for by the Institute's Committee on the Congress. The first of these addresses was delivered at this time by Asa S. Couch, M.D., of Fredonia, N. Y. The subject was "The Ethical Basis of the Separate Existence of the Homœopathic School." (See "Address, by Asa S. Couch, M.D.")

Essays on the subject of Homœopathic Therapeutics were then presented and discussed as follows:

"The Result and Influence of Homœopathy upon the Theories and Practice of the Medical Profession."\* By Dr. A. C. Cowperthwaite, of Iowa City, Ia., was read by the author.

"Homœopathic Therapeutics." An essay by Dr. Samuel Lilienthal, of San Francisco, Cal., was presented in a verbal abstract by Dr. Richard Hughes, of Brighton, Eng.

The two papers were then discussed by Drs. Richard Hughes, John C. Morgan and T. F. Allen.

"How to Cure Backache," By Edward Blake, M.D., of London, Eng., was presented in abstract by Dr. T. Y. Kinne. It was discussed by Drs. N. Schneider, A. L. Monroe, Harriet J. Sartain, Wm Owens, Flora Brewster, Pemberton Dudley, T. C. Duncan and Richard Hughes.

"Homœopathy in its Relationship to Constitutional Predispositions to Disease," was read by its author, Augustus Korndorfer, M.D., of Philadelphia, Pa.

"Homœopathic Medicines as Prophylactics and Homœopathic Constitutional Treatment," an essay by P. Diederich, M.D., of Kansas City, Kansas, was presented in abstract by Dr. J. H. McClelland.

The two papers were discussed by Drs. T. F. Allen, John C. Morgan, A. P. Hanchett, A. Worrall Palmer and A. Korndorfer.

"The Import of Bacteriology to Homœopathic Therapy in General," by Walter Y. Cowl, M.D., of New York, N. Y., was read by

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\* For the text of the essays and the discussion on each, see their respective titles or the names of their authors in the Alphabetical Index at the close of the volume.



its author. Discussion thereon was deferred until the afternoon session.

The following essays were then presented by title :

"Homœopathic Treatment of Bright's Disease." By Oscar Hansen, M.D., of Copenhagen, Denmark.

"Alcoholism and its Homœopathic Treatment." By Dr. Gallavardin, of Lyons, France.

"The Psoric Origin of Many Chronic Diseases." By Dr. Gailliard, of Brussels, Belgium.

"A Critical Inquiry Concerning the Exhibition of Complex and Alternated Medicines in the Homœopathic Treatment of Disease." By Dr. Gailliard, of Brussels, Belgium.

"Asiatic Cholera and its Homœopathic Treatment," by L. Salzer, M.D., of Calcutta, India.

The Congress then adjourned till three o'clock P.M.

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WEDNESDAY AFTERNOON, June 17.

The Congress was called to order promptly at three o'clock. President Talbot in the chair.

Dr. W. Y. Cowl completed the reading of his paper which was then discussed by Drs. Alexander von Villers, J. P. Dake, and J. H. McClelland.

The Congress then took up for consideration, the essays relating to "Obstetrics," and the following were presented.

"Is Aseptic or Antiseptic Treatment Called for in Obstetrical Practice When Under the Care of Homœopathic Physicians;" by J. Nicholas Mitchell, M.D., of Philadelphia, Pa. The paper was discussed by Drs. C. G. Higbee, Bushrod W. James, and J. B. G. Custis.

"Pregnancy;" by Emily V. Pardee, M.D., of Norwalk, Conn. Discussed by Dr. Millie J. Chapman.

"Ætiology and Treatment of Nephritis of Pregnancy and the Induction of Premature Labor;" by L. L. Danforth, M.D., of New York, N. Y. This paper was read by the author and was discussed by Drs. John C. Sanders, Julia Holmes Smith, L. L. Danforth, Bushrod W. James, T. F. Allen, Wm. Owens and Flora A. Brewster. Dr. Sanders then offered some further remarks and the discussion was closed by Dr. Danforth.

"Decubitus in Dystocia;" by Charles A. Church, M.D., of Passaic, N. J., was read by its author, and was briefly discussed by Dr. Nathan R. Morse.

"The Physiological Treatment of Prolapsed Funis;" by John C. Morgan, M.D., of Philadelphia, Pa., was read by the author and was followed by a discussion which was participated in by Drs. Sheldon Leavitt, John C. Sanders, and Lemuel C. Grosvenor; Dr. Morgan closing the discussion.

"Mechanism of Labor;" by T. Griswold Comstock, M.D., of St. Louis, Mo. This paper was presented by title and referred, as were all the others, to the Committee of Publication.

A telegraphic greeting to the Congress was received from the French Homœopathic Society, in session in Paris. The secretary was instructed to respond to the greeting.

A resolution was offered that the authors of papers read before the Congress be allowed to have them published after having them considered by the Congress. It was referred to the Committee on Resolutions, under the rule. The session then adjourned until ten o'clock on Thursday morning.

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THURSDAY MORNING, June 18, 1891.

(" MATERIA MEDICA DAY.")

President I. T. Talbot called the Congress to order at precisely ten o'clock.

The Committee on Resolutions reported on the subject of allowing the authors of papers to have the same published after presentation to the Congress, as follows:

*To the International Homœopathic Congress:*

Your Committee on Resolutions would report favorably upon the resolution allowing the authors of papers read before the Congress, to have them published, by abstract or otherwise, in journals or papers or in pamphlet form, at any time after having been considered by the Congress, provided the original copy is not removed from the custody of the secretary.

J. P. DAKE,  
F. H. ORME,  
WM. H. HOLCOMBE,  
D. H. BECKWITH,  
*Committee.*

On motion the report was accepted and the recommendation adopted.

An address was then delivered by J. P. Dake, M.D., of Nashville, Tenn., his subject being: "Civil Government and the Healers of the Sick." (See "Address, by J. P. Dake, M.D.")

Richard Hughes, M.D., of Brighton, England, then presented and read the following:

#### REPORT ON THE CYCLOPÆDIA OF DRUG PATHOGENESY.

##### *To the International Homœopathic Congress:*

It has been desired that the editors of the *Cyclopædia of Drug Pathogenesisy* should present to this assembly a report of the progress of the work.

The circumstances which led to its being undertaken (in 1886) will be remembered by most of us. The "Materia Medica" of homœopathy—the record of the pathogenetic effects of drugs with which it works its rule, "Let likes be treated by likes"—had long been scattered throughout our literature in divers languages, and was, as a whole, inaccessible to student and practitioner. In 1876 Dr. T. F. Allen undertook to remedy this defect, and in the course of the next six years presented us with the whole of our pathogenetic wealth—to no small degree enriched in the process—in ten convenient volumes. He thereby earned the gratitude of us all, and continues to enjoy it. But possession of our *Materia Medica* only accentuated in the minds of most of us the dissatisfaction with which we had long regarded both its matter and its form. Dr. Allen had thought it right to give us, unsifted, all that had been put forward in the way of provings, and to cast the whole (save for a few narratives in his appendix) into the framework of the Hahnemannian schema. We thus seemed saddled to perpetuity with a *materia medica* full of the objections to which it had always been liable—impure in its substance, and so felt untrustworthy; unintelligible in its presentation, and hence repelling to its would-be students. Fortunately, a minute examination of the earlier pathogeneses, made by no one more faithfully than by the editor himself, revealed so many flaws in the execution that the conviction forced itself upon most minds that the work must be done over again and upon a more critical and altogether better plan.

It was this conclusion which led, after two or three years of discussion and tentative essays, to the work now before you. It is virtually finished; for though the appendix has yet to be completed and the index compiled, the primary alphabetical list of drugs ends with *Zincum*, in Part XV. The first volume was laid before the

Basle Convention in 1886, and obtained the warm approval of its members. The whole work is presented to the present assembly to elicit its mind upon it.

In inviting discussion we would remind you, as we did then, that the *Cyclopædia* makes no common appeal to the homœopathic body. It is not the design of one man, however capable, or the venture of a publishing house, far-seeing as may be its provisions for our needs. It is the fruit of the best thought and consideration of many minds during a long space of time, and it comes with the *imprimatur* of the two national societies of the language, carried out under rules drawn up and by editors appointed at their hands. If, therefore, its method and plan should fail to commend themselves to those for whom it has been framed, all that can be said is that the problem is proved insoluble at present, and that further work on our *materia medica* had best be adjourned until all are agreed of what kind it should be. As regards the execution, it is not for us to prejudge in any way your verdict. We can only say that we have conscientiously and earnestly endeavored to fulfill the injunctions given us; that we have worked mainly from original material, and have done our best to secure faithful translation and accurate transcription, and that we have throughout invited help and criticism from all quarters, in order to make our volumes—with Hahnemann's, to which they are avowedly a supplement—the *materia medica* of homœopathy. For this, and nothing less, is what they claim to be. We have too long—authors and lecturers and students and practitioners—been working with second-hand material. That there must be manuals, epitomes, arrangements, analyses of our *materia medica*, we fully recognize. But we maintain that to be trustworthy they must be founded upon the rock of real provings and poisonings as exhibited in the *Cyclopædia*, and should not be accounted genuine unless they are so based. No one, we further contend, should write upon *materia medica* in our journals and transactions without referring to such primary records as the authority for his statements. We maintain also that no student can properly learn the pathogenetic action of drugs, which lies at the foundation of homœopathic therapeutics, save by reading again and again the narratives we have furnished, and that, accordingly, all teachers of *materia medica* should make the *Cyclopædia* their text-book, and all their pupils should possess and diligently con it. Lastly, as all practitioners should be students, to them also we commend the work, and when its index shall have been framed, to serve as repertory, we hope they will use it as their book of reference also.

The inference is that every homœopathic physician, *in esse* or *in posse*, should have the *Cyclopædia* in his library. The editors could not thus urge its claims were they the authors of its pages, or had they any pecuniary interest in its sale. Being without such dis-

qualification, they can speak freely. They have simply presented the original genuine material we all need for carrying out the homœopathic law; and, believing earnestly in that law, and unwilling that it should be swamped in the prevailing empiricism, they are anxious that their work should not be regarded as a luxury for the few, but should be possessed and utilized by all. We have been fed with peptonized food and clothed in "shoddy," till perhaps our digestive power has failed through disuse, and we hardly value true broad-cloth when we see it. Only thus can the editors account for the difficulty found by the treasurer of the American Institute in obtaining purchasers for the four hundred copies of each part subscribed for by that body. They can only trust that the *Cyclopædia* may itself in time excite a healthier taste; and that then a sound pathogenesis will lead to more intelligent, more satisfying, and more successful practice.

Before concluding, the editors would appeal to their colleagues to aid them in the completion of their task,—first, by furnishing them with references, cuttings, etc., for the Appendix now in progress; and, secondly, by considering and expressing their views upon the plan put forward for the repertorial index. They would also remind America that to it the homœopaths of the English speech are looking for a translation of Hahnemann's *Chronic Diseases*, worthy to stand side by side with that of the *Materia Medica Pura* recently made in Great Britain, and with it to complete the master's share of the full *Materia Medica* with which we shall be equipped.

RICHARD HUGHES, M.D.,  
J. P. DAKE, M.D.

The report was accepted and was then discussed as follows:

A. W. WOODWARD, M.D.: I think that every homœopathic physician should be congratulated upon the completion of the *Cyclopædia*, for at last he is furnished with a view of the action of drugs which in some degree is commensurate with the phenomena of disease. When Hahnemann pointed out the necessity of adapting the remedy to the totality of symptoms present in a case, he recognized that disease was something more than a local disturbance; he saw that it involved many parts of the organism and therefore it was an ever-changing and complicated problem. In promulgating this doctrine, he for the first time indicated the conditions that governed the successful use of a remedy. But while he gave this most important principle to guide us, he also gave us a *materia medica* in which the special character of the drug symptoms were preserved without regard to the relationship in which they stood to each other. In so doing he sacrificed the only means by which the genius or individuality of a drug could be discovered. It was the recognition of this

defect in Hahnemann's method, which has led to the publication of this work. While much remains to be done to make it available for the practitioner, in giving us the natural sequence of drug effects, it must be admitted that the editors have laid a foundation upon which may be erected in the future a rational and adequate system of therapeutics, and in so doing they deserve our lasting gratitude.

T. F. ALLEN, M.D.: I don't like to speak much or often, but I want to say this, however, that in answer to letters which come to me by the score, I might almost say by the hundred, weekly and even daily, from allopathic physicians wanting to know how to study homœopathy, or asking me to explain the best method or to tell what books to get so that they may engage properly in the study of homœopathy, and yet not do violence to their old-school therapeutics;—and to the beginner—I uniformly say that the first book or books are these copies of the *Cyclopædia of Drug Pathogenesis*. In that work, I say, you will find presented in narrative form, as Professor Woodward has just said, or in a form which will prove a connection between the old-school therapy and homœopathy. It will give you the history of the drug taken from the original sources from which much of the old-school literature is drawn; and it will also give you the picture of a drug-disease by the side of the natural disease so that you can see the course of the provings, whether made accidentally, as in cases of poisoning and in other accidental ways, or in drug proving upon the healthy made according to homœopathic rules. Thus alone can you form a just estimate of the manner in which drugs act. It is a book to be put in the hands of every student, and I think it should be the first book; he must begin at the beginning; there is no other way of becoming possessed of homœopathic law and knowledge except by studying carefully a treatise as compact and reliable as this; and so it also becomes of necessity an excellent reference book, if not a handy book to the active practitioner; but the active practitioner will insist that he shall be furnished with a schema that will facilitate the comparison of his remedies. Whether this is done properly or not depends largely upon the manner in which the proposed index shall be compiled. I believe, however, that the editors of this *Cyclopædia* will not fail to enhance its value by a good index repertory. I want to add my testimony to the importance and extreme value of this work. To any one who begins and follows up the study of homœopathy, the *Cyclopædia* is absolutely indispensable. I am myself more and more impressed with the absolute necessity of such a work as this.

C. S. MACK, M.D.: I wish to indorse everything that has been said touching the value and importance of this great work. The *Cyclopædia* has been in my hands, I might say, constantly for two years. It is the book to which I look with more confidence than

to any other when I want to learn the effects of drugs upon persons in health. We all know that very many of our records of pathogenesis are not reliable; and we also appreciate the necessity for a materia medica from which the uncertain things are eliminated, so that we may have a record in which we can have confidence. There is no other record of drug pathogenesis in which I have anything like the confidence I have in my *Cyclopædia*. Because of my confidence in this work, I am very glad to urge that every physician and every medical student should own it and study it.

J. P. DAKE, M.D.: I wish to say, if you will allow me a moment, that the treasurer of the American Institute has in his hands two hundred copies of this work, subscribed and paid for by the Institute, which he is offering at cost (\$11 for the four volumes); and I think that this morning a vote was passed ordering the Index also by the Institute for the subscribers to these four volumes. I wish to say further, if these books had been put upon the market by a publisher on his own account, or if the editors had a financial interest in it, you could not have the volumes for the figures just named. But when the American Institute and the British Homœopathic Society took hold of this work it was with the view of having it done properly and having it furnished to the profession at the lowest price. I hope that those who have not already subscribed, after hearing the remarks that have been made here as to the value of it, will certainly be moved to subscribe and take the remaining copies off the Institute's hands.

PEMBERTON DUDLEY, M.D.: It is known to many members of the Institute, but not to all, that for some years past the surplus revenue of the Institute has been devoted to the paying of the expenses of the *Cyclopædia* as its successive numbers have been issued. The Institute, by this act, has practically spoken in behalf of the inestimable value of this work. It is said that every young man born into the United States expects some day to be President; and I suppose it is about equally true that every homœopathic physician who has not attained the age of three score and ten, fully expects and intends to some time write a work on materia medica. Last night I was talking with a gentleman who has given a good deal of systematic and philosophical study to the subject of our materia medica, and he made the remark that the forthcoming books on materia medica for the next fifty years must be very largely based on the facts set forth in the *Cyclopædia*, and that without these facts as therein presented, there can be no valuable text-books issued. I believe this is true, and for that reason I contend that no progressive homœopathist can afford to be without these volumes. He may say that they are not suited for everyday use; nobody pretends that they can be advantageously used at the bedside nor in the hurry of the prescribing room. They are adapted for careful, *deliberate* study,

not for hasty reference. A great London preacher once had this remark made to him: "It seems as though all you have to do on Sunday morning is to turn the spigot and the stream flows." "Ah," he said, "but you don't know how I have to keep pouring in at the bung-hole every day in the week in order that the stream may flow on Sunday morning." This is so in the study of *materia medica*. The simple conning of the symptoms of a remedy at the moment of making the prescription, can never make us good scientific practitioners of homœopathy. We need also the careful, critical, comparative, philosophical study of the whole action of the drug, as a foundation for our less thorough, daily references, and this foundation we must lay in the study of *materia medica* as set forth in the provings and as published in the *Cyclopædia*.

The following essays were presented, having reference to the subject of

#### MATERIA MEDICA AND PHARMACY.

"The Demands of Modern Science in the work of Drug Provings," by Conrad Wesselhœft, M.D., of Boston, Mass., was read by Dr. A. C. Cowperthwaite.

"The Drug Proving of the Future," read by its author, Richard Hughes, M.D., of Brighton, England.

These two papers were then discussed by Drs. T. F. Allen, Charles Mohr, J. P. Dake, John C. Morgan, J. P. Sutherland, and M. W. Van Denburg. Dr. Cowperthwaite closed the discussion. The session then adjourned till three o'clock.

#### THURSDAY AFTERNOON.

The Congress reassembled at three o'clock. The President in the chair. The reading of essays relating to *Materia Medica* was resumed.

"The Pharmacy of Triturations," an essay of J. Wilkinson Clapp, M.D., of Brookline, Mass., was read by the author.

"The Preparation of Homœopathic Tinctures," by Lewis Sherman, M.D., of Milwaukee, Wis., was read by the essayist.

"The Pharmacy of Tinctures," an essay by Mr. A. J. Tafel, pharmacist, of Philadelphia, Pa., was read by Dr. E. M. Howard.

After a brief discussion of the above papers by Dr. E. M. Howard,



their further consideration was deferred until a later period of the afternoon session.

"Indexes and Repertories," an essay by T. F. Allen, M.D., of New York City, N. Y., was read by its author, and briefly discussed by Dr. Charles Mohr.

"A Discussion of Dr. Hughes' Proposed Index to the Cyclopædia of Drug Pathogenesis," was the title of an essay prepared and read by Charles Mack, M.D., of Ann Arbor, Mich.

An extended discussion of the subjects embraced in the papers of Drs. Allen and Mack was then had. It was participated in by Drs. M. W. Van Denburg, Charles Church, Aug. Korndorfer, John C. Morgan, J. P. Dake and Richard Hughes, and the discussion was closed with remarks by Drs. Charles Mack and T. F. Allen, the authors of the papers.

"A Reconstructed Materia Medica," an essay prepared by The Baltimore Medical Investigation Club, was read by Eldridge C. Price, M.D., a member of the club. It was discussed by Drs. J. P. Sutherland, J. P. Dake, and Eldridge C. Price.

"The Probable Homœopathic Uses of some New but Unproved Drugs; are we Justified in Using Them?" was the title of a paper which had been written by E. M. Hale, M.D., of Chicago, Ill. The paper was presented by Dr. Richard Hughes, who also offered brief comments thereon.

"Which is Scientific Medicine?—A Comparison of Allopathy and Homœopathy Based on a Study of Arsenic," by M. W. Van Denburg, M.D., of Fort Edward, N. Y. This paper, at the request of the author, was presented by title.

The Congress then resumed the discussion of the papers of Drs. Clapp and Sherman, and that of Mr. Tafel. The discussion was by Drs. T. C. Duncan, Richard Hughes, J. H. McClelland, Lewis Sherman, Pemberton Dudley, John C. Morgan, and Bushrod W. James.

Dr. Hughes, in the course of the discussion, alluded to the difficulty of securing international unity in the efforts to establish a definite relation between the quantity of a given drug, represented by its first trituration and its first dilution, and the confusion and danger resulting from the absence of such definite relationship. Drs. McClelland, Sherman, and Dudley, spoke of the fact that a large part of the profession labors under the mistaken supposition,

that the first decimal dilution of any given drug represents a quantity equal to one-tenth of that contained in the "mother tincture" of said drug, and that as a consequence, the use of these preparations is attended with danger.

A motion was here offered by Dr. John C. Morgan, and seconded by Dr. Bushrod W. James, that a suitable committee be appointed by the chair, to consider the subject of the unification of pharmaceutical methods as practiced in different countries, and the absence of uniformity in the relative strength of tinctures and dilutions.

After a brief discussion the subject was referred to the American Institute of Homœopathy.

Adjourned till ten o'clock on Friday morning.

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FRIDAY MORNING, June 18, 1891.

The Congress was called to order at ten o'clock. Vice-President T. Y. Kinne, M.D., of Paterson, N. J., occupied the chair.

An address on "The Duties and Responsibilities of Homœopathic Colleges as Leaders in Medical Progress" was delivered by I. T. Talbot, M.D., of Boston, Mass. The address was discussed by Drs. Seth R. Beckwith, Wm. Tod Helmuth and I. T. Talbot. President Talbot then resumed the chair.

The following papers were presented on the subject of

#### GYNÆCOLOGY.

"Epilepsy as a Hystero-Neurosis," by James C. Wood, M.D., of Ann Arbor, Mich., was read by its author and discussed by Drs. Alexander von Villers, of Dresden, Saxony, and Wm. Tod Helmuth, of New York City.

"Adjuvants or Aids to Gynæcology Neither Medical nor Surgical," an essay by Leslie A. Phillips, M.D., of Boston, Mass., was read by the author. The paper was discussed by Drs. L. L. Danforth, Julia Holmes Smith, J. H. McClelland, John C. Morgan, N. Schneider and Flora A. Brewster. The discussion was closed with some remarks by the author of the paper.

"The Scope of Homœopathic Therapeutics in Gynæcological Practice," was the title of a paper prepared and read by B. Frank

Betts, M.D., of Philadelphia, Pa. The discussion of this paper was participated in by Drs. Maria N. Johnson, J. P. Dake and Bushrod W. James. The discussion was then closed by the writer of the essay.

"Damaged Uterine Appendages and Their Treatment" was read by its author, Homer I. Ostrom, M.D., of New York, N. Y.

The Congress then adjourned till three o'clock P.M.

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FRIDAY AFTERNOON, June 19th.

The Congress reassembled at the assigned hour, and the consideration of the papers in Gynæcology was resumed. President Talbot was in the chair. The following papers were presented:

"Forty-Seven Consecutive Laparotomies," by John M. Lee, M.D., of Rochester, N. Y. This paper was read by its author, and afterwards discussed by Drs. W. Tod Helmuth, W. M. L. Fiske and S. R. Beckwith.

"Gynæcological Surgery; when to Operate," by Chester G. Higbee, M.D., of St. Paul, Minn., was presented by the writer. Discussion thereon was postponed.

("The Proper Limitations of Gynæcological Surgery," was the title of a paper to be presented by R. Ludlam, M.D., of Chicago, Ill. Owing to the absence of Dr. Ludlam in Europe, this paper was not received by the Committee of Publication until after the close of the Session of the Congress. It will be found published with the remaining papers in Gynæcology.—EDITOR.)

Essays and discussions were then in order on the subjects of

## OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

The following papers were presented:

"Similia in Eye, Ear and Throat Diseases," written and read by Daniel A. MacLachlan, M.D., of Ann Arbor, Mich. It was discussed by Dr. Arthur B. Norton, of New York, N. Y.

"Surgery of the Throat and Nose," was read by its author, Edward B. Hooker, M.D., of Hartford, Conn. The discussion was participated in by Drs. W. A. Dunn, B. W. James and G. C. McDermott.

"Pollen Catarrh—Hay Fever" was read by Horace F. Ivins, M.D., of Philadelphia, Pa., author of the essay. It was discussed by Drs. J. Montfort Schley, A. R. Wright, John G. Morgan, R. C. Allen and H. C. Allen.

"Points in Diagnosis of Muscular and Refractive Eye Troubles," by Hayes C. French, M.D., of San Francisco, Cal., was read by its author.

"A Study in Ophthalmic Therapeutics," was read by its author, F. Park Lewis, M.D., of Buffalo, N. Y.

The two last mentioned papers were then discussed by Drs. Alfred Wanstall, Geo. C. McDermott, H. C. French, A. B. Norton, A. Korndorfer, B. W. James and F. Park Lewis.

"The Relation of Homœopathic Therapeutics to Ophthalmology," by Hayes C. French, M.D., of San Francisco, Cal., was presented by title and accepted without discussion.

Dr. Chester G. Higbee, of St. Paul, Minn., offered an amendment to the Eighth Rule of Order, by the insertion of the word "general" before the word "subject" in said rule. Referred to the Committee on Business. The session then adjourned until ten o'clock on Saturday morning.

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SATURDAY MORNING, June 20, 1891.

The Congress resumed its session at ten o'clock, President Talbot occupying the chair.

Dr. T. Y. Kinne, of Paterson, N. J., offered the following:

*Resolved*, That the International Homœopathic Congress invite the President of the United States to be present with us during our session and at the banquet to be given on Monday evening, June 22d, and that Dr. Franklin A. Gardner be appointed a committee to convey this invitation to the President.

*Resolved*, That the Local Committee of Arrangements be instructed to use all endeavors to secure the presence of His Excellency at the banquet on Monday evening.

The resolutions were referred to the Committee on Resolutions, and the Committee immediately reported them back to the Congress with a favorable recommendation. They were unanimously adopted.

Dr. J. H. McClelland reported to the Congress that the American Institute of Homœopathy had taken action on the subject of the uniformity of tincture preparations and of their dilutions, and had instructed its Committee on Pharmacopœia to reconsider their action by which the soluble elements of plants are made the basis of attenuation. The report was on motion accepted and the action of the Institute confirmed.

An address on "The Influence of Homœopathy on Recent Medical Literature and Practice," was then delivered by Charles Gatchell, M.D., of Ann Arbor, Mich. It was discussed by Drs. H. W. Holcombe and Charles Gatchell.

The Congress then took up for consideration the papers relating to the subject of

### SURGERY.

The following were presented :

"The Present Relation of Antiseptic Methods to Surgery," by Horace Packard, M.D., of Boston, Mass., was read by Dr. John E. Sawyer, of St. Paul, Minn., and discussed by Drs. S. S. Lungren and Sheldon Leavitt.

"Carcinoma and Sarcoma," by W. Tod Helmuth, M.D., of New York, N. Y. Read by its author, and discussed by Drs. J. H. McClelland, S. R. Beckwith, John Henry, William Owens, John E. Sawyer, and Arthur Fisher.

"Inflammations of the Right Iliac Fossa," by William B. Van Lennep, M.D., of Philadelphia, Pa. This essay was presented by its writer, and was briefly discussed by Dr. John E. James, followed by a few remarks by the author.

At this point, the following resolution was offered :

*Resolved*, That R. E. Dudgeon, M.D., of London, England, be requested to prepare for publication :

*First* : A new edition of his translation of Hahnemann's *Organon*, with such annotations as his studies and experience may suggest, and

*Second* : A collection of hitherto unpublished letters and writings of Hahnemann in his possession or accessible to him.

The resolution was referred to the Committee on Resolutions, and the Congress then adjourned till three o'clock.

SATURDAY AFTERNOON, June 20, 1891.

The Congress reassembled, pursuant to adjournment, the president in the chair.

The following report was presented :

*To the International Homœopathic Congress :*

Your Committee on Resolutions would report, that they have considered the resolution in regard to a new translation of the *Organon* of Hahnemann, and of his unpublished letters, by Dr. R. E. Dudgeon, of London, and would recommend its adoption by the Congress.

Respectfully submitted,

J. P. DAKE,  
F. H. ORME,  
W. H. HOLCOMBE,  
D. H. BECKWITH.

The report was accepted, and its recommendation was, on motion, adopted unanimously.

An address on the subject of "Training-Schools for Nurses," by Henry Minton Lewis, M.D., of Brooklyn, N. Y., was, in the absence of its author, read by Dr. T. Y. Kinne. It was followed by a discussion participated in by Drs. Julia Holmes Smith, John L. Moffat, Joseph T. Cook, and D. H. Beckwith.

The Congress then resumed the consideration of the papers on the subject of Surgery. The following additional papers were presented :

"Surgery of the Spinal Cord," by De Witt G. Wilcox, M.D., of Buffalo, N. Y., was read by its author.

"Orificial Surgery," an essay prepared and read by E. Pratt, M.D., of Chicago, Ill. Discussed by Drs. A. L. Monroe, W. Tod Helmuth, Eugene F. Storke, H. P. Skiles, and by the author of the paper.

"To what Extent are Sinuses and Fistulæ Curable without Operative Procedure?" Read by the writer of the paper, M. O. Terry, M.D., of Rochester, N. Y.

This concluded the presentation of the essays on the subject of Surgery. The Convention then proceeded with those having reference to the general subject of Pædology. The following essays were offered :

"Infantile Eczema." Prepared and read by Millie J. Chapman, M.D., of Pittsburgh, Pa., and discussed by Drs. F. H. Orne, Chas. B. Gilbert, John C. Morgan, Richard Hughes, and John H. Henry; Dr. Chapman, the writer of the paper, closing the discussion.

"The Importance of Diet in the Diseases of Children," by William Owens, M.D., of Cincinnati, Ohio. Discussed by Drs. W. F. Edmundson, J. B. G. Custis, E. B. Hooker, Pemberton Dudley, and William L. Morgan; Dr. Owens closing the discussion.

Adjourned until Monday morning, at ten o'clock.

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MONDAY MORNING, June 22, 1891.

President Talbot called the International Homœopathic Congress to order at precisely 10 o'clock, and as the first business announced the following:

Committee on Fifth International Homœopathic Convention: Alexander von Villers, M.D., of Dresden, Saxony, Chairman; Arthur Fisher, M.D., of Montreal, Canada; Charles E. Fisher, M.D., of San Antonio, Texas; I. T. Talbot, M.D., of Boston, Mass., *ex officio*; Richard Hughes, M.D., of Brighton, England, *ex officio*.

An address was delivered on "The Growth of Homœopathy in the United States in the last Five Years," by Thomas Franklin Smith, M.D., of New York, N. Y.

Reports on the condition and progress of homœopathy in the various civilized countries of the world were next in order, and the following were presented:

"Homœopathy in England from 1886 to 1891," by Ernest H. Stancomb, M.D., C.M., of Southampton, England. Presented by Dr. Richard Hughes.

"Homœopathy in New Zealand," by J. Murray Moore, M.D., F.R.G.S., of Liverpool, England. Presented by Dr. Richard Hughes.

"Homœopathy in India," by B. N. Banerjee, M.D., of Calcutta, India. Presented by Dr. Richard Hughes.

"Homœopathy in India," by P. C. Majumdar, L.M.S., of Calcutta, India. Presented by Dr. Richard Hughes.

"Homœopathy in Germany," by Dr. A. Lorbacher, of Leipzig, Germany. Presented by Dr. A. von Villers.

"Homœopathy in Germany," by Dr. Th. Kafka, of Karlsbad, Germany. Presented by Dr. A. von Villers.

"Homœopathy in Austria," by Dr. Fr. Klauber, of Vienna, Austria."

"Homœopathy in Switzerland," by Dr. Th. Bruckner, of Basle, Switzerland. Presented by Dr. J. H. McClelland.

"The History of Homœopathy in Denmark," by Oscar Hansen, M.D., of Copenhagen, Denmark.

"Historical Sketch of Homœopathy in Mexico," by Juaquin Gonzalez, M.D., of Mexico, Mo. Presented by Dr. T. Y. Kinne.

"Homœopathy in Russia," by C. Bojanus, M.D., of Moscow, Russia. Presented by Dr. Richard Hughes.

The above papers were accepted and referred to the Committee of Publication.

Dr. Alexander von Villers, of Dresden, made a brief address in which he expressed his thanks to his brethren of the American Institute of Homœopathy for having made him a corresponding member of the organization. He then presented to the Congress a copy of his recently issued catalogue of the homœopathic physicians and institutions of the world. On motion, the Congress extended a vote of thanks to Dr. von Villers for his courtesy.

Under a suspension of the Order of Business an Address was then delivered by A. R. Wright, M.D., of Buffalo, N. Y., on "Hospitals; their Construction, Maintenance, Management, etc." It was discussed by Drs. I. T. Talbot, B. W. James, H. C. French, J. H. McClelland, H. R. Stout, John L. Moffat, and C. Gilbert; Dr. Wright closing the discussion.

Dr. Pemberton Dudley offered a preamble and resolutions relating to the unfriendly attitude maintained by the allopathic sect of physicians toward other medical practitioners. The subject was referred to the Committee on Resolutions under the rule. An adjournment was then had until 2.30 o'clock P.M.

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MONDAY AFTERNOON, June 22d.

The Congress was called to order by President Talbot.

The Committee on the Fifth Quinquennial Convention presented a report, recommending that the next convention be held in England,



and that the exact date and place of meeting be left to the discretion of the homœopathic physicians of that country. The report was accepted and its recommendation unanimously adopted.

The Committee on Resolutions reported that they had considered the resolutions offered by Dr. Dudley, and recommend their adoption "as the sentiment of the Congress." The report was accepted and its recommendation adopted. Following are the resolutions:

WHEREAS, The Proceedings, Papers and Reports of the Fourth Quinquennial International Homœopathic Congress conclusively show that the principles of homœopathy and its practice by educated medical men and women, has obtained a firm footing in every civilized country on the globe; and

WHEREAS, Notwithstanding the untold obstacles and opposition it has encountered, homœopathy has steadily advanced in professional and public estimation, until now, at the close of nearly a hundred years of incessant and desperate struggle with its foes and the repressive influence of inimical laws, its future permanency and continuous progress are, humanly speaking, assured; therefore,

*Resolved*, That this International Convention would respectfully suggest to the non-homœopathic portion of the medical profession the question, whether the time has not now arrived when the policy of professional ostracism and legislative repression may not with advantage be abandoned, as a needless discredit to our loved profession, and as a method of controversy which is daily becoming more and more unpopular and ineffective.

*Resolved*, That we earnestly suggest that the questions that now divide the medical profession into offensive and defensive factions can never reach a solution except through those methods of observation, experiment and logic which form the only effectual resort in all other departments of human knowledge.

President Talbot, at this point, announced that if the time of the Congress were carefully economized, it would probably be able to complete its business at the present afternoon session and secure a final adjournment this evening.

The following essays were then presented on the subjects of Insanity and Nervous Diseases and Diseases of the Chest:

"The Rest Treatment of Insanity," by N. Emmons Paine, M.D., of Westborough, Mass.

"The Curability of Insanity by Homœopathic Medication," by Selden H. Talcott, M.D., of Middletown, N. Y.

These two papers were discussed together by Drs. C. G. Fellows, J. C. Morgan, and Alfred Wanstall; Dr. N. E. Paine closing the discussion.

"Camphor Bromide," a paper by Dr. R. Cooper, of London, Eng., was read by Dr. W. W. Van Baun. (This paper will be found with the essays pertaining to the subject of *Materia Medica*.—EDITOR.)

"Asiatic Cholera," by L. Salzer, M.D., of Calcutta, India. This essay was presented by Dr. Richard Hughes, who also presented to the Congress a copy of Dr. Salzer's book on the same subject with the compliments of its author. The gift was accepted with the thanks of the Congress to the donor. (Dr. Salzer's essay will be found printed in connection with the papers on the subject of homœopathic therapeutics.—EDITOR.)

The Congress then voted to continue in session and to take up the business laid down on the programme for the session of Tuesday, June 23d. Essays were presented as follows on renal diseases and miscellaneous subjects:

"Treatment of Spermatorrhœa and Disorders of the Urinary Organs," by Clifford Mitchell, M.D., of Chicago, Ill., was read by title and referred to the Committee of Publication.

"Lanoline and Agnine in Diseases of the Skin," by Henry M. Dearborn, M.D., of New York, N. Y., was read by Dr. E. M. Howard.

"Diet and Homœopathic Treatment," by Martin Deschere, M.D., of New York, N. Y.

The Permanent Secretary presented by title the following papers:

"On the Psoric Origin of Many Chronic Diseases," by Dr. Gailliard, of Brussels, Belgium.

"A Critical Inquiry Concerning the Exhibition of Complex and Alternated Medicines in the Homœopathic Treatment of Disease," by Dr. Gailliard, of Brussels, Belgium.

"The Misuse of Coffee," by Dr. Vincent Leon Simon, of Paris, France.

"The Climate Cure of Colorado," an essay, by Eugene F. Storke, M.D., of Denver, Col., was read by its author and discussed by Drs. Henry R. Stout, John A. Gann, and by the writer of the paper.

This concluded the presentation of papers and their discussion.

Dr. Thomas Franklin Smith, of New York City, Chairman of

the Institute Bureau of Organization, Registration and Statistics, announced that he had registered, during the session of the Institute and Congress, the names of 493 physicians and of 560 visitors, as having been in attendance at the meetings. The announcement was received with applause.

President Talbot announced that during the sessions of the Congress, the essays and the speeches delivered in the discussions of the papers and reports had reached an aggregate of 218. This announcement was also greeted with demonstrations of pleasure.

The Committee on Resolutions presented the following, which was unanimously adopted :

*Resolved*, That in official mention of this convention, the term "congress" shall be everywhere used.

The Committee on Resolutions offered the following, which were adopted :

*Resolved*, That the thanks of the Congress be voted to the President for the very efficient and graceful manner in which he has presided over and pressed forward its business ; to the President and General Secretary of the American Institute of Homœopathy for their successful efforts in providing addresses, papers and discussions for the Congress, and to the Local Committee for their admirable arrangements for the meeting and for the comfort and pleasure of its members.

*Resolved*, That the thanks of the Congress be voted to the Committee on Business for the excellent arrangement of material and orderly manner of its presentation.

*Resolved*, That the thanks of the Congress be voted to the proprietors of the United States Hotel for their efforts to suit the convenience and comfort of its sessions and of its members.

*Resolved*, That the thanks of the Congress are hereby tendered to Mr. William H. Moses, correspondent of the Philadelphia *Public Ledger* ; to Mr. Thomas F. Logan, correspondent of the Philadelphia *Inquirer* ; to Messrs. Geo. N. McCain and Victor Jagmetty, correspondents of the Philadelphia *Press* ; to Mr. John J. Shreve, of the Atlantic City *Review* ; to Mr. John F. Hall, of the Atlantic City *Daily Union* ; and to Mr. W. B. Blythe, correspondent of the United Press Association ; and to the publishers of these journals for their extended and excellent reports of the proceedings, and for their broad and public-spirited recognition of the equal claims of medical schools and sects to a public hearing.

*Resolved*, That our thanks are due, and are hereby tendered to Mr. George W. Childs, publisher of the *Public Ledger* of Philadelphia, for complimentary copies of that most valuable newspaper.

*Resolved*, That the thanks of the Congress are due, and are hereby tendered to Dr. Richard Hughes, our Permanent Secretary, for his constant and efficient service in the interest of our quinquennial meetings.

*Resolved*, That the thanks of the Congress be voted to the American Institute of Homœopathy for assuming the expense attending the publication of its *Transactions*.

*Resolved*, That our thanks be tendered to Dr. T. M. Strong, the Provisional Secretary, for his wise and successful efforts in securing reports of the condition and progress of homœopathy in all parts of the civilized world.

J. P. DAKE,  
D. H. BECKWITH,  
F. H. ORME,  
W. H. HOLCOMBE.  
*Committee.*

Brief responses to these resolutions of thanks were made by Drs. Talbot, Hughes, Kinne, Dudley, Youngman and McClelland.

There being no further business to come before the Congress, President Talbot, in a short but earnest address, congratulated the Congress on the uniform harmony of the proceedings, the excellent and valuable quality of the papers, reports and discussions, and the remarkable and brilliant success of the session in every particular. He then declared the session adjourned *sine die*, and at his suggestion the Congress rose, and, with evident fervor, sang the old long-metre doxology :

"Praise God from whom all blessings flow."

PEMBERTON DUDLEY, M.D.,  
*Recording Secretary.*

ATLANTIC CITY, N. J., June 22, 1891.

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## ENTERTAINMENTS.

During the sessions of the Congress the Committee of Local Arrangements provided a series of entertainments, which were thoroughly enjoyed. On Thursday evening, June 17th, a concert was given by the Berkeley Quartette, of New York City. The mem-

bers of this quartette are Mrs. Dr. L. L. Danforth, Miss Marie Bissell, Miss Pauline Guinsburg and Mrs. Sarah Barron Anderson. Mrs. Dr. E. M. Howard, of Camden, N. J., assisted as piano soloist and accompanist. On Thursday evening the entertainment consisted of recitations by Mr. and Mrs. William Munman Price, of Philadelphia, with musical selections by the Berkeley Quartette and by Miss Madeline Homer, of New York City, and Mr. F. P. Hamell, of Philadelphia. On Friday evening Mr. J. Guernsey Moore, son of the late distinguished Dr. Thomas Moore, of Germantown, Pa., gave an entertainment consisting of exhibitions of his skill as a prestidigitateur. On Saturday evening Mr. J. Edgar Kern, of Camden, N. J., gave an entertainment in which hypnotism and mind-reading were the principal features. During the exhibition Mrs. Dr. C. S. Hoag, of Bridgeport, Conn., Miss E. W. Armstrong and Mr. J. Cousans, of Camden, N. J., rendered a number of musical selections, Mrs. Howard presiding at the piano.

On Monday evening, following the final adjournment of the Congress, the physicians and many of their friends—some two hundred in the aggregate—sat down to a banquet in the large dining hall of the United States Hotel. Dr. W. W. Van Baun, of Philadelphia, officiated as toast-master, and the following sentiments were offered and responded to:

“The memory of Samuel Hahnemann.” In silence and standing.

“The International Homœopathic Congress.” Responded to by Dr. I. T. Talbot.

“The American Institute of Homœopathy.” T. Y. Kinne, M.D.

“The Homœopathic Materia Medica.” Richard Hughes, M.D.

“The Homœopathic Personnel.” J. P. Dake, M.D.

“Woman of the Nineteenth Century.” Julia Holmes Smith, M.D.

“Our Foreign Guests.” Alexander von Villers, M.D.

Dr. Van Baun, before announcing the first toast of the evening, read a letter from the President of the United States, expressing his regret at his inability, because of prior engagements, to be present at the convention and banquet.

ADDRESSES  
WITH  
DISCUSSIONS.



## ADDRESS.

BY R. E. DUDGEON, M.D., LONDON, ENG., HONORARY PRESIDENT.

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### HOMŒOPATHIC "CERTA" AND "DUBIA."

*Esteemed Colleagues:* It is impossible for me to express in adequate terms my sense of gratitude for the high honor you have conferred on me in inviting me to preside over the distinguished assembly of homœopathic colleagues which meets this year in your wonderful country, or my regrets at my inability to comply with your wish. My age, with its attendant infirmities, warns me that I could not efficiently perform the duties of your president, and that I ought not to take a voluntary voyage across the stormy Atlantic, when I can almost see the old ferryman, Charon, imperatively beckoning to me to embark on his boat for a very different and longer journey; and that is an invitation which I am powerless to decline.

Though I am unable to accept your flattering offer of the presidency of the Congress, I cannot refuse to accede to your wish that I should send you an address, though I am fully sensible of my inability to give you anything that is worthy of your acceptance. Had I been able to attend your meetings, I should have preferred to remain a private member, for I know that I should have had everything to learn from my American colleagues, and nothing to teach them. For it is from America that all the advances and improvements in homœopathy now come. While in the tradition-bound, conservative Old World, the number of avowed adherents of homœopathy remains stationary, or even declines, in the New world—especially the United States—where opinion is unfettered by authority or antiquity, the number of homœopathic practitioners increases by leaps and bounds, so that your country possesses more than ten times the number of doctors avowedly practicing homœopathy that are to be found in the whole world besides. And I may add that their zeal and industry are so great that they furnish more than ten times the quantity of useful works for the enrichment and development of our art, that the whole of the rest of the world pro-



duces. Such being the case, it would be impertinence in me to presume to teach anything to you whom the homœopathists of stagnant Europe acknowledge to be our teachers and our masters.

But though unable to instruct, I may, perhaps, succeed in interesting you for a brief space of time by looking back on the first principles of homœopathy, and endeavoring to discriminate between the essentials and the non-essentials of Hahnemann's system. For it is a mistake to suppose that all the teachings of Hahnemann are of equal importance. Hahnemann's great service to medicine in the discovery of the therapeutic rule that should guide the practitioner to the selection of the proper remedy, should not blind us to the fact that, like other great medical authorities, he was fond of theorizing, and that his theories need to be received with caution, and should be rejected if found inconsistent with well-ascertained facts. It may be useful to recall to your recollection the various points of Hahnemann's doctrines and to attempt to apportion to each its true value. We shall find that while there are some points which Hahnemann fixed once for all, and on which he never varied in his teachings, there are others on which he held a diversity of opinion at different times, and which have, of course, no binding force on his disciples. On these latter points, the opinions of his adherents have often differed from those of the master and from one another.

The excellent motto, from St. Augustin, which was adopted by the *British Journal of Homœopathy*, "In certis unitas, in dubiis libertas, in omnibus charitas," expresses the sentiment that should still animate the disciples of Hahnemann. The only *certa* in the master's teachings are the fundamental therapeutic rule for the selection of the remedy, *similia similibus curantur*, and the mode of preparation of the medicines and their attenuations. These we should hold in their integrity; on these we should be united. With respect to the first, we are all of one mind. But the advocates of the so-called "high-potencies" have departed widely from Hahnemann's pharmaceutic method, and in so doing they have sacrificed entirely the uniformity which Hahnemann so strenuously insisted on. According to Dr. Fincke there are no fewer than twenty-four manufacturers of so-called "high-potencies," each of whom has his own peculiar method of making them, which differs from that of his rival manufacturers, and differs still more widely from Hahnemann's precise and well-considered method. In the use of these uniformity

is impossible. The diluting medium employed is not Hahnemann's, and is not the same in any two of the twenty-four kinds. In place of the alcohol employed by Hahnemann, the latter use mostly the service water of the locality where the manufacturer resides. As this water contains more or less organic and inorganic impurities, the kind and quantity of these impurities differing in every different locality, and as these impurities are "potentized" *pari passu* with the medicines, it is evident that the resulting preparations of the Dicks, Toms, and Harrys, who try to persuade us to buy and use their preparations cannot possibly be identical. If we read of a case cured by, say the 100,000th "potency," and wish to repeat the experience, we should require to know who made the "potency." For if the preparation used for the treatment was made by Dick, and we were to employ the corresponding potency made by Tom or Harry, and failed to cure, we should be told that the cause of our failure was that we had not used Dick's preparation. And so complexity and diversity are introduced into practice where Hahnemann had established simplicity and uniformity. Again, if Hahnemann's assertion in the *Organon*, that successive dilutions lose medicinal power in a certain mathematical progression, so that, for example, the 30th dilution has just half the medicinal power of the 15th, then the medicinal power of the 100,000th or even of the 10,000th, must, one would think, have reached the vanishing point of medicinal action. But apparently, the "high-potency" men think they know a great deal better than Hahnemann, when they assure us that Hahnemann was mistaken, and that their exalted dilutions, made with impure water, increase in medicinal power the further they are carried. And yet they call themselves "Hahnemannists," and affect to believe that those who stick to Hahnemann's pharmaceutical process are not true disciples of the master. For my own part, I prefer to be guided by Hahnemann in the preparation of the implements for the practice of his system, for I know what they are, and can always rely upon having the same article. But I marvel at the presumption of those who reject Hahnemann's pharmaceutical method, and endeavor to persuade us to buy their own wares which are prepared quite differently from those of Hahnemann, and according to the caprice of each manufacturer, so that nobody knows exactly what they are, and all that we do know is that dilutions of

medicines by different makers, though they may bear the same numbers, represent quite different things.

What are the inducements offered to us in order to persuade us to exchange the simplicity, certainty, and uniformity of Hahnemann's method of preparing his medicines for the complexity, uncertainty, and diversity of the so-called "high potencies?" We are told that by using them we shall be acting in accordance with the teachings of Hahnemann, that our cures will be "Hahnemannian," and we shall deserve the name of "Hahnemannists," but that is manifestly absurd; for how can we be acting in conformity with Hahnemann's teachings, how can we show our respect for the master, by rejecting his explicit and reiterated directions for making his implements of cure, and adopting methods which he knew nothing about? Indeed, he implicitly condemned the employment of water as the medium for making his dilutions, by pointing out that "the internal change and chemical decomposition of the component parts of the water constantly going on, would destroy and annihilate the medicinal power of a drop of vegetable tincture in the course of a few hours."

The only rational grounds for preferring the preparations of the high dilutionists to Hahnemann's would be, that the former cured better than the latter. But a pretty extensive acquaintance with the records of homœopathic cures has not shown me that those effected by the so-called "high potencies" exhibit any superiority, if, indeed, they are equal to the results obtained by the use of the Hahnemannic preparations. Nowhere, in fact, can we find better cures than Hahnemann's model cases, where the pure, undiluted juice of *Bryonia* and the 12th dilution of *Pulsatilla* were employed. If the so-called "high potencies" were even as efficacious as the medicines prepared according to Hahnemann's method, which I doubt, we ought still to prefer the latter, as it is a maxim of conduct not to employ complex means when simple means are equally good; and, moreover, *pietas* towards the founder of homœopathy should lead us to prefer his preparations to the very different articles advertised by interested individuals, medical and non-medical, who seek to obtain notoriety or pecuniary gain by wares manufactured by them in a manner not only not authorized by Hahnemann, but in direct opposition to his repeated directions.

There are some other points of homœopathic practice which we could willingly consider as coming under the category of *certa*, such

as the selection of the remedy strictly in accordance with the totality of the symptoms, and the administration of only one medicine at a time. But, unfortunately, Hahnemann himself has removed these points from the *certa* to the *dubia*. Thus, by his doctrine of the origin of chronic diseases, he has created exceptions to his original rule of guidance by the totality of the symptoms only, for, in the treatment of these diseases he teaches that we are to be guided, to a certain extent, by a pathological theory which limits us to a use of a certain set of medicines having certain hypothetical qualities indicated by the terms antipsorics, antisyphilitics, and antisycotics. It is curious to note that Hahnemann, after his frequent condemnation of the traditional method of being guided in the treatment of diseases by pathological theories and hypothetical qualities of medicines, should have, himself, adopted the very plan he so often denounced. Another instance, in which Hahnemann was guided to the remedy solely by a pathological theory and a hypothetical quality of the remedy, is his treatment of cholera by camphor. Cholera, he imagined, was caused by minute organisms (microbes), and camphor cured cholera by killing these morbid microbes. In this theory he anticipated Koch by nearly sixty years, so that, whether the theory is correct or not, it is certainly "up to date" medical science. The introduction of what are called "keynotes" as indications for a remedy, is distinctly a departure from the selection from totality of symptoms. It may have some justification as long as those "keynotes" are peculiar or characteristic effects of the medicine, but, "keynotes" which are not taken from the provings, cannot command our confidence, and are quite opposed to Hahnemann's teachings. I need only point to two such so-called "keynotes:" the "fan-like movement of the nostrils," as an indication for *Lycopodium*, and the "occurrence of a stool when he lies on the left side" as an indication of *Phosphorus*, neither of which symptoms is to be found in the pathogenesis of those drugs. But a still further departure from Hahnemann's teachings is when the indication is derived solely from the supposed pathological condition. And here the self-styled Hahnemannists are the greatest offenders. Thus, Dr. Skinner gives us a case of what he calls treatment "*secundum artem* on Hahnemannian principles," in which the sole indication was "chronic inflammation and induration of the left ovary," which led him to give *Lachesis* m.m., and yet, there is not the slightest hint of any such

pathological state in the very voluminous proving of that remedy, and, of course, Hahnemann knew nothing about the "m.m." potency of *Lachesis*, or of any other medicine; and Dr. Skinner is one of the most thoroughgoing Hahnemannists, and he denounces all who do not agree with himself as "mongrels," "Hendersonians," and unworthy of the name of homœopath. I am far from denying that we may often be guided to a remedy by a pathological resemblance between medicinal action and disease, as for instance to *Antimonium tartaricum* in pneumonia, *Arnica* in erysipelas, *Arsenic* in cancer, etc.; in fact, when we come to consider the matter, it is in every case the pathological resemblance which guides us, only in some cases we are able to compare the actual objective changes of medicinal and natural disease, whereas, in others, we can only observe the subjective symptoms and compare these, but we must admit that when the subjective symptoms of medicinal and natural disease are alike, the pathological alterations which produce these similar symptoms must also be alike. But to prescribe a medicine for a given pathological change, which has no analogue in the known effects of the medicine, is pure empiricism, and is not homœopathic in a Hahnemannic, or Hendersonian, or any other sense. Then, as regards the single medicine, we know that at one period Hahnemann commended, and himself practiced, Aegidi's innovation of mixing together two medicines in one prescription—a very serious departure from his original rule, to give only one medicine at a time, which has met with no approval from any considerable section of his followers.

One of the *dubia* of homœopathic practice in which we may claim *libertas* for the practitioner is the much-vexed question of the alternation of medicines. This practice is frequently denounced by the self-styled Hahnemannists as utterly contrary to the teachings of Hahnemann, and should never be employed by any true homœopathist. But not only has the experience of thousands of Hahnemann's devoted followers shown this practice to be eminently useful in many cases; Hahnemann himself has sanctioned it by his own example. Thus he advises *Bryonia* and *Rhus* in alternation in the typhoid state following cholera, *Cuprum* and *Veratrum* alternately in the second stage of cholera and also as a prophylactic of that disease, *Spongia* and *Hepar* alternately in croup, and several other instances of his alternations of medicines may be found in his published works and letters even as late as the second edition of the

*Chronic Diseases.* The alternate employment of two medicines is justified rationally by the complex or compound nature of many cases of disease, by the insufficiency of the recorded pathogenetic effects of one medicine to cover all the symptoms of a case, by its success in practice, and, as before said, by Hahnemann's own example.

The selection of the 30th dilution, as the proper dose for all medicines in all cases, was purely arbitrary and not founded on anything like a basis of facts; for it would require more than a lifetime to ascertain which was the best dose of any one medicine in any one disease. Though at one time Hahnemann fixed the proper dose at the 30th dilution, he allowed himself frequent variations of doses. Thus in the last edition of *Chronic Diseases* he advises *Thuja* at first in the 30th, then in the 24th, 18th, 12th, and 6th dilutions, with the local application to the figwarts of a strong tincture of the same medicine; and he recommends *Nitric acid* in the 6th dilution. At one time he held it to be best to administer the medicine by way of olfaction. And yet in the latest edition of the *Materia Medica Pura* he continues to give as examples of his homœopathic treatment the cases which he cured respectively with the pure juice of *Bryonia* and the 12th dilution of *Pulsatilla*.

If we wish to obey Hahnemann's celebrated injunction, "machts nach," etc., i.e., "repeat what I have done exactly as I did it, and you will obtain the same result," we shall, in a similar case of gastralgia to that recorded, prescribe the pure juice of *Bryonia*. Though he says in a note that a single minute globule moistened with the 30th dilution of *Bryonia*, taken or smelt, would have cured the case equally well, that is merely his opinion. As a matter of fact, the case was perfectly cured by the drop of the pure juice, and that dose, and not the 30th dilution, we must give if we are to comply with Hahnemann's desire that we should repeat his experience exactly. Besides, what right has the "might, could, would, or should have done," in comparison with the "has done," and why should we give a dose laboriously diluted through 30 vials, when it was perfectly competent to cure, and did cure, without being subjected to any such complicated manipulations?

The theoretical parts of Hahnemann's teachings in the *Organon* and elsewhere all belong to the *dubia*. The chief of these is his theory of the origin of all chronic diseases from three miasmata or

viruses, to which I have already alluded and need not dwell on. It is distinctly a recurrence to the traditional method of being guided by a pathological theory to the selection of remedies to which hypothetical qualities are ascribed—a method which he previously condemned. It was a manifest departure from his rule for the selection of the remedy from the similarity of its pathogenetic effects to the totality of the morbid symptoms in each case. His division of medicine into antipsoric and non-antipsoric seems to me to be quite arbitrary, and no one can tell why such medicines as *Agaricus*, *Anacardium*, *Aurum*, *Clematis*, *Colocynth*, *Conium*, *Dulcamara* and *Euphorbium* should be classed among antipsorics, while *Argentum*, *Ferrum*, *Nux vomica*, *Belladonna*, *Pulsatilla*, *Rhus* and many other polychrests are not credited with antipsoric powers.

Hahnemann's theory of the origin of chronic diseases, though spoken of with respect, has long ceased to influence the practice of his adherents, who have reverted to his original rule of selection of the remedy strictly according to similarity of symptoms of medicine and disease without regard to his hypothetical and arbitrary classification of medicines.

The theory of diseases being caused by the derangement of a supposed spiritual entity called the "vital force," which Hahnemann promulgated in the last edition of the *Organon*, is one for which no proof is offered nor can be given. The existence of such a separate and controlling power in the organism as a vital force or independent spiritual power is rejected by modern physiologists and needs no special repetition from me.

Hahnemann's theory of the dynamization of medicines by the processes of dilution, succussion, and trituration, which is, as it were, a corollary from his "vital force" theory, is still a subject of discussion and controversy. It is, indeed, hard to ascertain what his theory was exactly. In one place we find him recommending the dilution of medicines for the purpose of avoiding excessive aggravation of the disease, aggravation of some sort being, in his opinion, essential to the cure. In another place it would seem that he regarded the processes of trituration, dilution, and succussion as increasing the medicinal power of the drug, as in his note to the proving of *Thuja*, and he there alleges that these processes resolve the material substance of the drug into "pure medicinal spirit." Elsewhere he talks of these processes unfolding or liberating the medici-

nal power, but he still retains in the *Organon* (note to section 280) the statement that however highly diluted, the smallest conceivable part must still be a portion of medicine itself. Obviously Hahnemann's ideas about dynamization varied considerably at different times. So, also, his views as to the power of succussion. In the *Organon* he directs 2 succussion-strokes only to be given to each successive dilution, and he dreads the effect of giving more than this number to any dilution. He even warns against carrying liquid medicines in the pocket-case, as the shaking they must there receive would dynamize them to a dangerous degree. He also asserts that *Drosera* 30, each of the dilutions of which had received 20 shakes, would endanger the life of a whooping-cough patient, whereas a preparation of the same nominal dilution where 2 shakes only had been employed to each bottle would cure the case without any risk. He mentions, too, that a grain of *Soda* dissolved in an ounce of water was brought to the equivalent of the 30th dynamization by merely shaking it in the bottle for half an hour without diluting it further. But in another place in the *Organon* he says that the medicinal power of medicines diminishes in a fixed mathematical ratio at every successive stage of dilution. If this statement is true it is obviously incorrect to speak of higher dilutions as higher "potencies" when it is manifest that, according to Hahnemann, they must be lower degrees of potency.

Hahnemann's dread of excessive dynamization by succussion seems to have undergone a great alteration in later years, for in the preface to the fifth part of the second edition of the *Chronic Diseases* he recommends that 10, 20, 50 or more powerful succussion-strokes should be given to each successive dilution.

Hahnemann's views as to the repetition of the medicine varied greatly at various periods. At one time he stated that it was wrong to repeat the medicine at all. One dose was to be allowed to act for days, weeks, or months, and at the end of that time a different medicine would be required, as the symptoms would then have undergone such an alteration that the same medicine would no longer be indicated. But latterly he directed that the same medicine might, with advantage, be repeated "an incredible number of times" at short intervals. To be sure, he directs that the "potency" of the solution should be altered at each successive dose by a number of succussion-strokes, but that is a detail that does not obviate its manifest dis-



crepancy with the previous dictum that the same medicine should not be repeated, and it is manifestly in direct contradiction to his other dictum that when a medicine is repeated it should always be given in a lower dilution. Obviously then we may repeat the medicinal dose as often or as seldom as we may deem requisite, and still claim that we practice according to Hahnemann's teachings.

I need not expatiate on the other *dubia* of the homœopathic system for which we claim liberty of opinion and practice, such as the local application of remedies and the employment of mechanical, hydropathic, calorific, refrigerant, magnetic, electric, mesmeric, and other auxiliaries.

While we maintain a unity of belief as regards the *certa* of Hahnemann's teachings, to wit, the homœopathic therapeutic rule and the method of preparing the implements of cure, we are free to adopt, modify, or reject the *dubia* in obedience to reason, experience, and the progress of scientific knowledge. Hahnemann's writings are not sacred books, and we are in no way bound to accept his teachings where they are in contradiction to those of science. We are physicians before being homœopaths, or even high-dilutionists; our chief object is, or ought to be, the cure of our patients, and if we can do this better by other than homœopathic means, we are morally bound to do so. Hahnemann himself shows us the example. He relates cases where he cured serious diseases by means of the water-cure without giving any medicine whatever, and he deviated from his homœopathic therapeutic rule when he cured the cholera in its first stage by employing the microbicidal power of Camphor. I do not say, and do not know that any better remedies for diseases than the homœopathic have been discovered, but should they be, then, as physicians, we are bound to give our patients the benefit of them. We have seen many novelties of treatment promulgated and eagerly accepted by the profession and public during the last decade, but hardly any of them have stood the test of experience. The latest of these, Koch's famous *tuberculinum* cure of consumption and lupus, though received with almost ecstatic jubilation by the profession and by the public, has already been hopelessly discredited and, I may say, abandoned by most of its original advocates. We should distrust all remedies and modes of treatment which attain a rapid popularity. They are sure to fall into disrepute with almost equal rapidity. Every year,—every month, almost,—some new hypnotic,

analgesic or antipyretic is announced, and its predecessors are discarded for the new-comer, which, in its turn, is ousted by a later novelty. And this is inevitable, for these remedies are directed to unscientific symptomatic treatment of the crudest sort, the treatment of one symptom—sleeplessness, pain or high temperature. Therapeutics of this kind is predoomed to perish.

There is no need for me to speak of the third clause of the old motto, "*in omnibus charitas*," for that we already all act up to. We never (or hardly ever) call one another names; we never (or hardly ever) arrogate to ourselves the possession of superior knowledge, and we never (or hardly ever) assert that our practice is pure homœopathy while that of our colleagues is quite the reverse. In short, we are animated by the purest charity towards one another's opinions and practice, and accord to all the same liberty in those matters which we claim for ourselves.

I have finished. My aim was a modest one. I have not sought to open up to you any new line of thought or practice. I have not even suggested a twenty-fifth way of making un-Hahnemannian dilutions. My object has rather been to act the part of a humble signalman on the homœopathic line, to try to keep the train on the main rails, to warn it against diverging into theoretic sidings which lead astray from the true goal, and to prevent it, if possible, getting off the track altogether into some "high potency" bog or "key-note" swamp. Probably many of you differ from me in the opinions I have expressed, but I am sure you must agree with me that my address is but a poor performance. In the happy conviction that, on one point at least, we are in full accord, I now take my leave of you, with cordial wishes and earnest hopes that your labors may tend to the scientific development and popular progress of homœopathy.

## ADDRESS.

BY ASA S. COUCH, M.D., FREDONIA, N. Y.

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THE ETHICAL BASIS OF THE SEPARATE EXISTENCE OF THE  
HOMŒOPATHIC SCHOOL.

To treat this subject satisfactorily two things are primarily requisite :

The one is, a definition of ethics, and how its rules may be justly administered ; the other, a comparison of our own with the drug therapeutics of the dominant school of medicine.

The last requires a reiteration which may weary you, and perhaps provoke criticism ; but simply to affirm that medication by one is better than that by another school, is an insufficient premise for reaching the conviction hoped for from this discussion.

An eminent lexicographer has defined Ethics to be " the science of human duty." Hence, who would administer thereupon must himself be ethical. He should not only be emancipated from conscious personality, but from all rancor, jealousy, and vindictiveness. What is true of individuals is equally true of societies and schools. A school which should formulate decisions within the science of human duty, while uncertain of its own position, or when inspired with passions and prejudices, would place itself in an unfortunate position before the world, and one likely to end in embarrassment, if not humiliation.

Assuming that the members of this convention are in an opposite frame of mind, attention is solicited to a brief consideration of the origin and present status of the dominant school of medicine.

It is important here to direct your attention to the precise language employed, and the necessity for not permitting the mind to substitute others in the further consideration of the subject.

The words used are the " drug therapeutics of the dominant school," not its therapeutical measures as derived from the elements or through adjuvants, for these belong equally to all schools.

You will also bear in mind that no comparison is intended or can be made between the schools in dietetics or the collateral branches of medicine, for these also are the common heritage of all.

It must be strictly confined to the internal administration of toxicological agents for the cure of disease: and in order to develop the subject sufficiently for judgment in ethics, a brief reference to contrasts in such administrations is indispensable.

The mere physical consciousness of some of the plants and lower animals dictates an escape from contact or the solution of continuity. The added consciousness of primitive man endowed him with an ability to seek means and adopt measures for the avoidance of unnecessary suffering, and if possible, of premature death.

What time, in prehistoric age, elapsed before he sought these means in toxic vegetables and minerals will, of course, remain unknown; but when he did employ them, that it was in the most crude, fanciful, and experimental way there can be no doubt.

As he multiplied in numbers, ills accumulated, and experiments naturally increased. Some of these survived in tradition, and were afterwards recorded in history. This was the beginning, the origin of "regular" Medicine.

On this line of accumulating experiences and observations it proceeded until modified by Galen's enunciation of the doctrine of contraries. From his time it has, within itself, developed no rule or law providing for any certainty in medicine.

Empirical practice is, and must remain the same, yesterday, to-day, and forever. That of the nineteenth century is not in advance of that of prehistoric man.

Whether success or failure, life or death, follow the experimental administration of drugs, no logical inference can ensue, for they must follow each other in sequence and lap each other as results.

"Contraria, Contrariis, Curantur" does not come to help the matter. It only adds to the uncertainty of experiment the certainty of failure, except rescued by the "vis-medicatrix," or the accident of striking the homœopathic law. To increase peristalsis, when deficient, or to arrest it by drug poisoning when in excess; to force or diminish secretions; to accelerate or retard the circulation; to stop all voluntary and many involuntary activities, and demand that it be called sensible or scientific doctoring, is a travesty upon logic and a caricature of common sense.

In a large majority of instances, such practice aborts the very processes by which nature would cure; in all cases it handicaps her by adding to her burdens and diminishing her power of resistance. Its futility is recognized by sufficiently intelligent and honest authors of the old school. In fact, its own writers have been its most severe and unsparing critics, and their denunciations stand unchallenged and unrefuted before the world. Their "text-books on practice" show the reason why.

Opening at random, Reynolds's *System of Medicine*, a pretentious work in three volumes, published in 1880, I find the following under the "Treatment of Croupous Bronchitis:"

"Various remedies have been recommended, but apparently their use has not been followed with much success. During the paroxysm, venesection has been practiced; sinapisms and blisters applied to the chest, and various other drugs administered, viz., the different sedatives, tartar emetic, ipecacuanha, calomel, opium, alkalies, and salines. Inhalations might be of use. In the intervals, Fuller has occasionally seen benefit from the use of tartar emetic, in moderate doses, for several weeks. Iodide of potassium and iodine have been employed with success. The alkalies and their carbonates have also been recommended. The health must be maintained, and tonics given if necessary, especially if there is any sign of tuberculosis. Quinine, iron, and cod-liver oil are often called for."

Now, suppose a practitioner called upon to treat a case under these directions. He may or may not bleed; may or may not blister; may or may not employ Tartar emetic, Ipecacuanha, Calomel, and Opium; may or may not follow Fuller in exhibiting Tartar emetic in moderate doses for several weeks; may or may not give Iodide of potassium, Iodine, Quinine, iron and cod-liver oil; but if he decides to act, he can only do so because certain courses "have been tried," or that some other remedies "may be of use," that others have been "recommended," that others "may be called for," or because "Fuller has occasionally seen benefit from one in moderate doses for several weeks." Whichever he decides upon, or if all in turn, it will be "*secundum artem*." But suppose he meets with failure, what next? He has been reminded that "the health must," at all hazard, "be maintained, and tonics given if necessary." This, then, appears to be his only alternative.

Speaking of the treatment of pneumonia, the same work says:

"There is, perhaps, no subject in modern medicine which has been more earnestly discussed of late than the treatment of pneumonia. It has been the *champ de bataille* between the advocates on the one side of heroic measures, and the supporters of a rational or expectant treatment on the other." Now, if one of these fighting hosts represent a practice which is "rational," the other must, as between the two, stand for that which is irrational or insane. But unless by "rational" is meant the abandonment of drug medication, the distinction is too broad, for the principles of administration remaining the same with both, the just classification on their own inference should be, dangerously irrational and less dangerously irrational, and there can be no doubt that the difference justifies contention, if not acrimonious battle.

Remarks on the treatment of pleurisy in the same work embody the following: "The homœopathists have made their fortunes in no small degree by their treatment of pleurisy, which has had the one sole merit of being purely negative and avoiding all destructive agencies." This is a broad and frank admission that patronage turned from the "regular" to the homœopathic school, and that success waited upon its treatment simply because of "an avoidance of the destructive agencies" employed by allopathic physicians. It was because of the necessity for such unholy admissions that another writer, in the intensity of disgust declared, "The science of medicine is a barbarous jargon, it has done little more than to multiply diseases and increase their mortality."

Now, the embarrassment of the situation, to such of our old-school brethren as can be embarrassed, comes from the fact that they have no law by which to proceed in the prescription of remedies, and hence no more actual science than the Indian medicine man who essays to cure by blowing feathers and beating tom-toms. It may, by some, be thought that this expression is too radical, on the ground that old-school practice has greatly improved within the last twenty years. Issue is joined upon any such declaration if it involves any claim for change in or advance in its theory.

Whatever improvement may have obtained in old-school practice within two decades has been purely and altogether negative. Through the evolution of mind and the embarrassment of marked contrasts, it has increased its conservatism, and, as the result of a kind of intellectual osmosis, imbibed from the doctrines, practice, and results

of a school founded by an inhibited Saxon, it has lessened its doses and diminished its polypharmacy, but in its principle or doctrine of medication it remains absolutely unchanged. Even the purloinings from homœopathy, as embodied in the works of Ringer, Phillips, and others, have not greatly modified its practice; first, because a large majority of its practitioners have no recourse to these works, and second, because, in so far as they have been successfully adopted, it is not their legitimate *practice*—it is that of a slip-shod and very crude homœopathy.

But suggestions thus obtained have, in most instances, not been permanently relied upon, because these plagiarists have assigned no sufficient reason for them. To do so would be to discover their origin. They have, therefore, been set down to be followed in the old empirical way, and when so administered upon results are not satisfactory. To treat all, or two-thirds of a given number of cases of nausea, with Ipecac., of colic with Colocynth, or of dysentery with Corrosive sublimate, would be absurd, and the cultured homœopathist knows why; failures would result, and the student of a sound materia medica appreciates and understands the cause of the failure. An old-school physician has no such knowledge, and he debars himself from obtaining it. Hence, failure with him is of the same kind as that following all of his empirical work, and when it occurs he drops back upon the routine treatment with bismuth, physic, laudanum, and starch.

Now, it is here repeated, not in the spirit of partisanship, but for a purpose, and without fear of successful contradiction from any quarter whatsoever, that the principle of honest allopathic practice to-day is not one whit in advance of that of prehistoric man, nor in any way changed except by the unfortunate doctrine of the illustrious Galen. It is without any law whatever, and consequently the application of the term "science" in relation to it is a misnomer, and a dishonor to the word. Yet consider the amount of drugs that is being poured into mankind, and reflect upon the endorsement it receives.

During the last customs year there were imported at New York, "for medicinal use, of the aqueous extract, tincture, and other liquid preparations of Opium, 29 pounds; of Morphia, and all salts thereof, 16,629 ounces; and of crude Opium, containing 9 per centum and over of Morphia, 233,655 pounds." This is only one port of the

United States, and contemplating its vast periphery, with Portland, Boston, Philadelphia, Baltimore, New Orleans, San Francisco and Portland, Ore., and intermediate cities unconsidered, what must have been the aggregate cast upon our shores? Time will not permit a sufficient analysis of this matter; but I may ask you who know what its curative application is, and in what doses it is effected, to consider, except in proper palliation, or by those who have acquired a horrible habit through its abuse as a medicine, how the rest of the vast amount has been or will be employed!

Man is but a system of reflexes. All his physical and mental being lies between sensation and motion. Either in health or disease, to embargo the one is to arrest the other. And this, except under law to cure, is what, by scientific (?) application this Opium (or its salts) has been or will be doing throughout the land, masking disease, lessening healthful resistance, and deceiving the unfortunates who have trusted themselves to the tender mercies of an arrogant and self-sufficient school. And still is it believed that the practice of this school has been greatly modified and improved? Look at its contrast with that of another in the recent epidemic. During a given time, the present spring, the Registry of Vital Statistics, in the city of Buffalo, recorded the certificates of death from pneumonia, bronchitis, and la grippe, as numbering 70. Of these, 63 were from allopathic and 2 from homœopathic physicians. Of the old school, there are 300, and of the new school 60 physicians in that city. Multiplying the number of deaths under homœopathic treatment by 5, to keep the proportion just, and the result is as 10 to 63.

Inquiry since made, at that office, develops the fact that, extending the time for comparison, would bring out a contrast even more startling and suggestive. A similar discrepancy in epidemics, in dysentery, cholera, yellow-fever, and other diseases, has been shown all along the line since Hahnemann's time; and what does it prove and what does it not prove? If, as the writer in Reynold's *System of Medicine* would have it, homœopathy only represents the negation of "avoiding the use of destructive agencies," it proves that ignorance alone can be protected from their further employment and prevent that from being termed calamity which otherwise should be called a crime.

Gentlemen, an hundred years ago there was born into the world one who afterwards became a scholar, physician, logician and phil-



osopher. He had character enough to scrutinize and analyze that which he was commanded to do with poisonous drugs, and sense sufficient to hesitate before doing it. Here was an intellectual soil, from which was to burst the flower of hope for suffering man. Accident sowed the seed, and a cerebrum of quality nourished its growth until it developed into the fact that, in medicine, as everywhere else in nature, like forces properly adjusted in opposition will destroy each other, and this fact developed into a practice which, to-day, properly or improperly, you represent as the "New School in Medicine."

I am not weak enough to stand here and declare that this school embodies an absolute science in therapeutics. No school which ever may or can be founded will do this, and why? Because intellectual consciousness places man beyond the reach of mathematical exactness. His activities result from sensations impinged upon brains of all qualities and powers, diverted and revised by all manner of pre-existing molecular records. Hence, no two persons will move in exactly the same way, or stop at exactly the same point. But they can develop a chart of drug action upon the healthy and apply it on behalf of the sick, under Hahnemann's law, which, in a majority of instances, will amount to certainty of cure, and, in all, with the assurance of doing no harm, because poisoning is insured against by the methods of practice under that law.

The fully-prepared practitioner in this school does not guess; he does not experiment; he does not deliberately set to work to make his sick client sicker. The law under which he shall proceed is one in nature, and results obtained, in exact application, will be unequivocal and absolute.

When an epidemic appears he does not grope in the dark and try experiments unto the death of thousands. Given the symptoms in advance, he can even foretell the remedies which will successfully grapple with a coming scourge.

Here, then, I rest. I have, perhaps with insufficient elaboration, contrasted the two schools in medicine, and find the therapeutic methods of one devoid of danger to the sick and adapted to comparative certainty in the application; those of the other without law, and consequently fraught with menace to mankind. On the showing, can there remain any doubt as to the ethical basis of the separate existence of the homœopathic school? In the administration by its

followers, upon the science of human duty, have they any alternative but to strengthen, develop, and advance it in all proper and legal ways?

In my judgment it shall not be enough to neutralize the assumptions and object to the aggressions of the old school; not enough simply to declare that it shall not hide or destroy the magnificent contrasts of our public institutions; not enough to resist the insolent attempt to take the management of our affairs into its own hands. Will some one tell me by virtue of what right or justice the homœopathic school submits to the imposition of many insurance companies in the exclusive appointment of examiners from the old school? The same as to pension examiners, whose appointment is almost equally, if not more exclusive? Does the new school, by its quiet submission in this matter, admit by implication that only old-school physicians are qualified for examiners? It has that appearance before the world. And since the general Government has been referred to, will some one explain by virtue of what right or justice homœopathic physicians are rigidly excluded from the army and navy? If there is a favorable contrast in medication affecting the schools, should the soldiers and sailors, especially if they have homœopathic proclivities, by law and the insufferable arrogance of the medical corps of those two departments, be denied the benefit of it? Here, as everywhere else, "possession is nine points of the law," and this possession practically gives the appointment of every commission, the power to fill every vacancy and every new position of trust in the medical engineering of Government. Even now that school is seeking to enter the Cabinet. It has moved in national convention for a national "Secretary of Health," and it will exert all its arts and all of its power to secure it. No matter if the homœopaths, as a matter of propriety, would consider such a result a *non-sequitor*. A representative of those who give "soporifics," "antipyretics," and "anodynes" in the arrest of that vital play whereby nature battles against disease will, if the old school can accomplish it, be placed in that position, while those who have a law of cure will be still more certainly and contemptuously relegated to unimportant obscurity.

Again, will some one enlighten me why, in the strong homœopathic States of Pennsylvania, and Ohio, and Illinois, homœopaths have no greater participation in institutions supported by public charity? Immense wealth, in each and every one of these States, is

represented by those who employ our system, and yet the old school, in the most serene and confident manner, as though it had a lien upon them somewhat after the divine right of kings, gathers in and controls these charitable trusts. *The homœopathic profession appears to be insensible to the fact that every assumed superiority unprotected, and every important position appropriated by the old school holds prestige for that school and casts the shadow of unequal value upon its own.*

*Because of this* its members, if they are honest seekers for place in the science of human duty, should traverse the line of indifference or resistance and enter upon that of aggression. Not because they want place; not because they love power; not because they seek aggrandizement; but because, to a world unwittingly submitting itself to false medication, they have been entrusted with a mission and should act becomingly as ambassadors representing so important a trust. It is a question of truth against error, right against wrong, justice against injustice. To rest upon the abstract impregnability of position is not enough. Without working representatives, those having the courage of their convictions to wrestle with the ignorance which it succeeds, no evolution would advance. . . .

It would topple on the crested wave of cowardice, and in dishonor, die.

Shall it be said that the old school is too strongly intrenched and that the people of the land are not sufficiently developed to receive the gospel of truth? Even if the fact remains, such a declaration would be effeminate, as it would cover a surrender that would be puerile. If sincere homœopathists and honest men shall adopt for their platform the "science of human duty," what though they may be driven back once—twice—thrice—upon the battle line? Every contest will be a school, each engagement an education of the masses. Look at a few of the instances of justice and valor rewarded. A charity hospital was asked for in the city of New York, and refused on the ground that the school did not represent sufficient taxable property. It was demonstrated from the tax-roll of that city that more than one-half of the taxable property of Manhattan Island was represented by those employing the system, and the result was secured, coupled with the statement to the speaker by Commissioner Cox, that the Board was "afraid more would be demanded."

A similar experience was had in relation to the asylum at Mid-

dletown, now conceded on all hands to be the best in the State, if not in the world.

Under President Grant, a sturdy allopath, the old school Commissioner of Pensions, began discharging examiners who had the courage to affirm their belief in and practice of homœopathy. The matter, on its merits, was brought before the General, and the next head that went into the basket was that of the Commissioner M.D.

During the war the Examining Board in the State of New York would recommend for commission none but allopathic surgeons. Dr. Hill, of Utica,—and of blessed memory,—passed the Board and received his certificate, but when he presented a diploma from the Homœopathic College of Pennsylvania, it refused him an appointment. Backed by members of the State Society, he referred the matter to Governor Morgan, upon whose order he was immediately commissioned to avoid an uncomfortable alternative. Witness the persistent and heroic struggle for position in the University of Michigan. Under the unequalled leadership of the indefatigable Sawyer the battle was finally won, and now for many years the school has stood equal before the law in that great institution of learning. Nourishment for the dissemination of its principles and the maintenance of its cause has been drawn from the State—as by right it should be in all the States—and largely owing to the example it now has departments in two other State universities.

It took seven years to achieve the victory over the old school, won last year in the State of New York. In six legislatures it had sought to wrest from homœopathists their civil and vested rights and to take into its own keeping the management of their affairs. When the seventh convened the new school turned from resistance to aggression, and out of a total vote in both branches it won by 150 to 10. Do not for one moment suppose that this represented the proclivities of members, or that the immense discrepancy and the approval of the Executive was owing to our political influence. One moment's reflection upon the difference in numbers of the two schools and the positions of power and emolument held by them will convince the most skeptical to the contrary. Backed by the generosity of members of the State Society, it was because of the justice of our cause, presented through imperturbable, diplomatic, and unflinching fidelity, that this great example was wrested from the Philistines to cheer the

hearts and strengthen the hands everywhere of those who shall embark upon and assist in developing the science of human duty.

And now, standing in the presence of the sacred duty devolved upon us and of the encouraging examples just rehearsed, what is the decision? What the resolve? If against wealth, numbers, position, influence, we have, in almost every instance, when we have joined issue with the old school, come off victorious, can there remain a question as to the duty of every honest homœopathist in the land? When the American Colonies, for principle's sake, were struggling against the greatest power in Europe, their Ambassador to the French Republic emitted the epigrammatic declaration: "Millions for defence; not one cent for tribute."

The homœopathic school should adopt a more radical rule. It is not enough that it establish its independence; it ought, because of the divinity of its mission, to capture the world. It would be puerile to believe that this could be accomplished by an abandonment of title and a repudiation of creed. It would simply amount to being submerged without recompense and to sacrificing identity without reward. Those—if any there be—who are unwilling to wear the badge of a better dispensation—who are lusting after the prestige of the old school—are of doubtful regeneracy, and ashamed disciples have no place in the camp of reform.

*All just homœopathic physicians recognize and declare their duty at the bedside of the sick to be that of conscientiously ruling according to their highest culture and intelligence without passion or prejudice.* But they fail to perceive how a concession to arrogant demands, in order that the lion and the lamb may lie down together, to the mitigation of the ferocity and the nourishment of the lion, will benefit mankind. In the light of its onerous but honorable duty the homœopathic school cannot see profit in making obeisance to calamities.

If not for its simple confession of weakness, to entertain the subject of union with the old school, while it has not yet officially recognized the law of similars, while it still refuses to acknowledge homœopathic physicians as preceptors in medicine or the tickets of such colleges as the equivalent of a course of lectures, to falter in or abandon our position when that school is seeking legislation in every State under the public declarations of its leaders that once secured "sects in medicine will be destroyed," would be not only to surrender every element of respectable manhood, but to indecently

disavow what we have professed as believers in the law of Hahnemann.

That the world, to-day, is in the hands of the old school none will deny ; that its millions are paying a penalty for it none can disprove. The one should not discourage, the other should inspire, sincere followers of Hahnemann. If at this time that school should disappear from the world, giving its inhabitants the alternative of medication under his law, would there not be less sickness and mortality than now prevail ? This is the question to be answered by every homœopathist. He has nothing to do, as between good and evil, with the intricacies of evolution. If his answer shall be affirmative, there can be but one course before him as a benevolent and honest man. With the world against him, with expatriation as a result, Hahnemann did not falter, and what is the fruition of his example ? That example should be the scripture of our adoption ; that fruition, of which this international convention is a part, but on account of numbers of footholds obtained, of advantages secured, capable of being increased a thousand-fold, should embody a commandment not to be disobeyed—"duty ! duty ! duty !" should be inscribed all over the simple creed—" *similia similibus curantur !* "

Duty to organize and to maintain organizations in instant readiness for resistance or proper aggression ; duty to subordinate modesty and profit when public positions may be secured which shall conserve the interests of the school ; duty to abate the advocacy of personal views against the will of earnest and honest majorities that influence may not be impaired by exhibitions of internecine strife ; duty to repress conflicting personal interests and ambitions as unworthy and interior political methods as unwise ; duty to educate the public mind against empirical practice and the masking of disease through the physiological power of drugs ; duty to patronize and pay for the journals of the school that their influence may be extended and their ability to assist in reciprocal development increased ; duty to support its colleges and other institutions that they may be assisted and encouraged to do increasingly better work.

An earnest attention to these and many more we owe to ourselves in vindication of our character, and, if called upon, that we may produce the sponsors of our baptism and confirmation in the new faith ; we owe it to each other that, in the sacrament of communion, individuals may be strengthened for priceless work ; we owe it to

outstanding commonwealths, where disciples are few, that they may point to results in enlightened and more favored States; we owe it to our brethren in foreign lands, where conservatism almost amounts to fossilization, that, by observation and contrast, delaying evolution may there be re-invigorated and advanced; above all, we owe a thorough discharge of these duties to mankind, that it may receive the benefits to be derived from sterilizing error and an abundant procreation of the truths of health-giving law.

To do this most effectively we must, as individuals, purge from our lives all taint of personality, affectation of superiority, and uncharitableness.

We must be thoroughly imbued with the high importance of our mission, and pursue it only in the spirit of justice and benevolence.

Standing before the world on this wise, exalted in the forceful and honorable character thus derived, we shall occupy a position like that commanded by Him whose inculcations of love and mercy are blessing the world: "Let your light so shine before men" that others, seeing your good works, may follow them.

## ADDRESS.

BY J. P. DAKE, M.D., NASHVILLE, TENN.

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## CIVIL GOVERNMENT AND THE HEALERS OF THE SICK.

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*Mr. President and Members of the Congress:*

It is made my duty to speak to you upon the relations of the State to the medical profession, or, in other words, upon the power of civil government as exercised in the control of the healers of the sick.

I proceed to the discussion of the subject, deeply impressed with the importance of a clear understanding of the limitations of governmental prerogatives on the one side, and of the personal rights of the physician and patient on the other.

How far individual freedom in the work of the healer may justly obtain, and when the dictum of the state should govern for the welfare of the sick and the public good, are the vital questions to be considered. In their consideration communities and countries regulated by law and existing in a state of peace are presumed.

*1. The Medical Profession.*

The art of healing had its origin in the efforts of one member of the human family to assuage the sufferings and prolong the life of another.

Without the unconscious instinct of the brute creation or the



light of a divine revelation to guide his way, the healer depended wholly upon his faculties of observation and reason. Step by step experience enabled him to discriminate among the products of earth, and to determine which were suitable for food and which might be useful as medicines.

As time went on, some of those inclined to minister to the sick developed a greater aptitude, or, as we should now say, more skill than others in the ministry of cure. Very naturally to such would be chiefly confided the care of the sick, and to them would be accorded some special rank, some dignity in keeping with their important work. History tells us that, in early times, physicians were generally regarded as possessed of a talent transmissible from father to son, and that thus a line, a tribe hereditary and almost sacred, was recognized. Often the same class ministered to both soul and body, the priest being the physician also.

We read of the "Sons of Æsculapius," sons lineal and sons by education, and of priests ministering at Æsculapian altars. Mythology ascribed powers and assigned special duties and privileges to a class that may be regarded as the type of the medical profession. Later on, as governments arose and learning increased, mythological distinctions gave way to others. Guilds were recognized and endowed with special, and often exclusive, privileges, holding place and power by royal favor.

Then came faculties and schools for the education of medical men, and upon their testimonials a rank was formed, holding place by reason of an ascribed amount or degree of learning. And, after a while, came medical societies, associations of physicians, often constituting bodies corporate and claiming special rights.

Most of such organizations have simply asked of the State permission to shape and govern their own affairs, while some have sought exclusive privileges and claimed the right to wield the police power of government in the maintenance of a medical orthodoxy.

In various countries in times of war, or where large standing armies and navies are maintained in times of peace, boards have been deemed necessary for the examination of surgeons required to attend upon the sick and the injured. And often a similar provision has seemed requisite in supplying medical attendants to public institutions depending upon the State for support, such as hospitals and asylums.

Again, there has been a disposition in some countries, if not in all, on the part of such boards and the various surgical and medical staffs under them, to have the board system extended beyond the army and navy and public institutions, to the profession and people in civil life. They have claimed that what was necessary and good at times or for a part of a community must be good for all.

Generally the diploma of a chartered medical school has been regarded as a sufficient basis for a license where one is required for the practice of medicine. In most of our American States which presume to go beyond the common law, a simple registration of such a document has been considered sufficient.

The claim has been set up and occasionally recognized by legislators, that the examination by no college faculty is sufficient or equal to that of a politically-appointed board of non-teaching medical men.

I have thus far endeavored to make a simple statement of facts without comments upon the reasonableness or justice of what has been enacted or proposed.

## 2. *Civil Government.*

In proceeding to the ethics of the subject, and that you may better appreciate my argument, I will first briefly speak of some principles of government that must be recognized as fundamental.

But my argument does not apply to countries under despotic rule, where the will of a monarch is the ultimate authority and where the people have no rights that the government is strictly bound to respect.

It would be idle to talk of personal rights or immunities where there is no constitution or supreme tribunal to limit the governing power.

In a republic, or a constitutional monarchy, or one having a parliament elected by popular vote, government represents simply the aggregate of personal rights and powers, involving a surrender of the individual choice so far as its exercise may conflict with the rights of others or with the general good, and combining personal powers so far as necessary for the accomplishment of what the individual singly is unable to perform. And so the constitution of each State must be a recital of personal surrenders on the one hand and a compact of individual powers on the other, for the common weal.

It has sometimes been a question among writers upon the prerogatives of civil government, whether personal rights and powers are natural or whether they are altogether derived from some superior authority.

As the individual man came first, before any community of individuals, it must follow that he was endowed with certain personal powers for self-support and defence before the existence of any state government whatever. Having personal powers, it can be no stretch of assertion to say he also had original personal rights. Becoming a member of society, a citizen among citizens, and a subject of law, he could not be deprived of all his individual freedom without the exercise of governmental despotism and tyranny.

### *3. The Police Power and Personal Liberty.*

I am well aware of the claims set up in behalf of the police power of the State and of the great lengths to which law-makers and courts have sometimes gone in usurping or over-riding what are clearly the inborn and inalienable prerogatives of the citizen. Such usurpations may not be surprising where the officers of government claim to rule by divine authority, themselves being the interpreters of the divine will; but they are surprising when witnessed in countries asserting that governments derive all their just powers from the consent of the governed. Such excessive paternalism is a glaring fraud in the United States, where the Supreme Constitution most clearly recognizes the natural rights and immunities of the individual citizen.

Article IX. of the Amendments to the Federal Constitution says:

"The enumeration, in the Constitution, of certain rights shall not be construed to deny or disparage others retained by the people." And Article X. says:

"The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people."

The terms "retained" and "reserved" clearly imply original rights in the people, in the person, that must be respected by government, whether it be national, State, or municipal.

Personal liberty, then, should be abridged only where and when it may be clearly necessary, viewing the case from a public standpoint. Because a police regulation bears equally upon all citizens is no sufficient justification of it. Back of the equal bearing is a

question of rights and of governmental usurpation that must be considered.

Where the consequences of a course of action by an individual are altogether personal, and where the State proposes no compensation for results that may be disastrous, it cannot assume the responsibility of forcible dictation.

That a State has the clearest right to prescribe the qualifications requisite in those entrusted with its constitutional work no one will question. So far as standards are possible and necessary, the law-making power may require conformity on the part of every official, from the governor down to the constable.

#### 4. *Cardinal Principles of Government.*

But on going beyond official service to regulate the performances of citizens among and for each other, in the various pursuits of life, there must be an observance of the following cardinal principles of government, namely :

1. That each citizen is personally free to choose his own occupation, modes of religious worship, and means of happiness and relief, and to exercise his choice so far as not inconsistent with the public good.

2. That the public good requires the surrender of no personal privileges, the enjoyment of which is not clearly injurious or unjust to others.

3. That in matters experimental and progressive, about which intelligent citizens may honestly differ, and in affairs admitting of no fixed standards, an enforced uniformity is an infringement of natural personal freedom.

4. That, in such cases, governmental dictation is not only an infringement of personal rights, but, likewise, a most serious check upon inventive genius and upon the development and progress of useful arts and industries.

A violation of these great principles, on the part of government, is an unwarrantable usurpation, and its long continuance must end in anarchy or revolution.

#### 5. *Law in Things Questionable.*

At this point I must answer an inquiry as to the application of these principles of personal liberty where the police power is exer-

cised against certain occupations or practices, such as gambling, the selling of intoxicants, the publication and distribution of obscene literature, or the maintenance of a nuisance hurtful to public health.

I would say that the determination of such questions is not difficult in any case where there is in the community a wholesome moral sense and a capacity to reason from effect to cause.

The jury and the bench must inquire if the practice complained of does harm to the public or interferes with individual rights. In the enactment of laws prescribing a definite course of action for the citizen, the legislature must be sure that it defines the only course that is practical or proper under the circumstances. And where a standard of qualifications is attempted by law for any class of persons in any line of effort, it is necessary to be sure that a standard is possible, and that it does not interfere with the constitutional or reserved rights of any of the parties involved. In matters not fully settled the old motto, which is plain, should be adhered to—*"In dubiis libertas."*

With this understanding of the principles of police government and their application, we may proceed to the ethics of medical regulation by law.

#### 6. *Necessary Regulation.*

That the State has an undoubted right to prescribe some of the qualifications of the surgeons appointed to guard the health of the soldiers and sailors in the army and navy, cannot be doubted, and for the following reasons: because personal rights are surrendered to the military necessity; because the State has assumed the responsibilities in the case, often granting pensions where injuries are sustained; and because the exercise of the personal choice may not be consistent with the general good.

For similar reasons, individuals who have surrendered their persons to the paternal care of the government by entering hospitals supported by public funds, must accept the medical and surgical care provided, without presuming to dictate the qualifications or methods of their attendants.

And, going a step farther, when the State requires certificates of disability, of lunacy, or of death, or demands expert testimony in courts of justice, it is only reasonable that it should prescribe

the necessary qualifications of the medical men employed for such service.

In prescribing qualifications, the State must accept the fruits of a broad generalization as to what is known and what has been done in the domain of medicine and surgery, giving no heed to party lines or prejudices among medical men. Boards appointed to examine as to qualifications should themselves be acquainted not only with the elementary branches of medicine, such as anatomy, physiology, chemistry, operative surgery, etc., but also with all the leading therapeutic methods of the day. Without such knowledge no examiners are capable of passing judgment upon those brought before them.

The great difficulty, however, has been, in the matter of examining boards and their assumed standards, in all countries and times, that they have been inclined to formalism,—ruts and red-tape,—often adhering to obsolete methods and discouraging originality, invention, and improvement.

Important as a general uniformity must be among public servants charged with prescribed duties, it is yet more important that considerable personal freedom be exercised in devising and employing the means of cure.

#### *7. The Erection of Medical Standards.*

Considering how little positive knowledge the most learned in the profession have, compared with what they yet need to know of diseases and their remedies, it seems well nigh impossible to have any standard of medical qualifications that will not require an annual revision and reconstruction.

In a college introductory to students, or a popular address on medicine, it may do to talk glowingly of the profound science and art, almost divine, possessed by the medical man; but in the presence of complicated and stubborn cases of disease and of sweeping and fatal epidemics, we come to feel as did the great English physician, who, at the close of a long and distinguished medical life, said:

“When I was young I had twenty remedies for every disease, and now that I am old I find twenty diseases without a single remedy.”

Where the government would undertake to set up a standard of qualifications for medical men called to public service, the most

effectual mode will be the stating of a minimum curriculum for each college, the diploma of which will be taken as sufficient evidence of medical and general learning.

Such a censorship, for the purpose proposed, is not without some show of reason and fairness.

But the case is very different when the rule of State censorship is brought into the domain of civil life to compel the citizen to employ only such medical attendants and such curative means as may be determined on by a politically appointed board, or that may be in strict conformity with some assumed medical standards.

The citizen in civil life is not the same, in rights and immunities, as the citizen in the army or navy, or the public hospital, almshouse, or asylum; nor is the healer of the sick the same when ministering to the citizen in his own castle as when attending upon soldiers and sailors, both himself and they being under control and pay of the government. The citizen in his home, be it palatial or ever so plain, whether he be rich or poor, while his freedom is not surrendered to the exigencies of war or dependence upon the provisions of public charity, has the inalienable right to choose his own physician and his own physick, as well as his own clergy and his own religious creed.

Considering what is at stake in the hour of suffering and danger, and how much may depend upon the confidence of the patient in what is being done for his relief, and remembering that the most serious consequences are not to be borne by the public but by the individual, how is it possible for the State rightfully to assume the responsibilities of the case?

It is well known to those who hear me on this occasion, and to all intelligent physicians, that the art of healing is very far from the position of an exact science. So varied are the views of leading men in the profession even as to the elements of medicine, and so discordant their teachings as to therapeutic methods and means, it is impossible for legislators to erect a standard, however limited its scope, that shall be generally effective and fair. Time does not allow me to quote the deliberate sayings of many men, grown old and renowned in the practice of medicine, as to its uncertainties. I must, however, submit the opinions of a few whose writings are to-day among the most authoritative.

SIR JOHN FORBES, late physician to the royal family in England, writing of the condition of medicine in his time, said :

“What difference of opinion ! what an array of alleged facts directly at variance with each other ! what contradictions ! what opposite results of a like experience ! what ups and downs ! what glorification and degradation of the same remedy ! what confidence now, what despair now, in encountering the same disease with the very same weapons ; what horror and intolerance, at one time, of the very opinions and practices which previously and subsequently are cherished and admired !”

And DR. HENLÉ, the great German professor and writer on pathology, says :

“Medical science, at all times, has been a medley of empirically acquired facts and theoretical observations, and so it is likely to remain.”

DR. FREDERICK WILLIAM HEADLAND, the distinguished writer upon the action of medicines, says :

“Yet it must be confessed that in the understanding of the action of medicines, and of their agency in the cure of diseases, we do not so much excel our ancestors.”

“While other sciences are moving, and other inquiries progressing fast, this subject, so momentous in its applications, has, in spite of the earnest labors of a few able investigators, made, after all, but small progress.”

DR. H. C. WOOD, one of the foremost authors of the old school in this country at the present time, says :

“What has clinical therapeutics established permanently and indisputably ? Scarcely anything beyond the primary facts that quinia will correct an intermittent, that salts will purge, and that opium will quiet pain and lull to sleep. . . . Narrowing our gaze to the regular profession and to a few decades, what do we see ? Experience teaching that not to bleed a man suffering from pneumonia is to consign him to an unopened grave, and experience teaching that to bleed a man suffering from pneumonia is to consign him to a grave never opened by nature. Looking at the revolutions and contradictions of the past,—listening to the therapeutic Babel of the present,—is it a wonder that men should take refuge in nihilism and, like the lotos-eaters, dream that all alike is folly ; that rest and quiet and calm are the only human fruition ?”



DR. T. LAUDER BRUNTON, another living and leading author in England, says:

"Our ideas are often hazy and indefinite. We give medicine at random, with no defined idea of what it should do, and trusting to chance for good result. When a remedy fails in its work, we can give no reason for the failure. We do not even seek out a reason, but content ourselves with saying: 'Oh! it did not act as it usually does!'"

I might easily spend hours quoting such expressions from learned writers whose knowledge of the medical situation, so far as the dominant school is concerned, no one will question; but I close them with the following from a recent editorial in a leading medical journal of New York, written by one who has been a successful practitioner and close observer for half a century, and who is familiar with the whole range of therapeutics, including the improvements made by homœopathy.

He says:

"They do not realize that medicine, like other sciences, is still in its infancy. The anatomy of the body, outside of a few facts, is only partially ascertained. Physiology is a mass of unproved hypotheses; the laws governing diseased conditions are equally unknown.

"In chemistry, the atomic theory is still a theory only. In materia medica, a most bewildering mass of statements and assumptions follow each other like the shifting scenes of a panorama. In surgery and the practice of medicine, the methods and remedies that spring up in a night are like the troubled waters of the ocean, incessantly changing and taking on old and new aspects. . . .

"The physician who, from his inner consciousness or from a mass of statistics, brings out some new speculation which is accepted because of its reasonableness or the author's reputation, is sadly deluded if he supposes he has found a final truth. A few years pass and it is replaced by other and wider theories, and, if we believe the modern doctrine of evolution, this birth and death of theories is only the advance of mind towards the manhood and godhood of the race."

It must be apparent to any thoughtful mind, viewing the situation of medical art and of medical learning as presented to-day, that the time has not arrived for the erection of authoritative medical standards. Even in situations where it is necessary for the government

to appoint physicians and surgeons, and where it has assumed the responsibilities of their practice, it is not easy to dictate what their knowledge and methods must be.

As matters stand with the medical profession, allowing full credit to the good wrought by Hahnemann and his followers, and the general progress made with new methods and means constantly coming and old ones steadily going, the only course for legislators and judges is to properly recognize the personal freedom and responsibility of the citizen in matters medical as well as religious.

### 8. *The Real Question.*

The question that now presses for our serious consideration is not whether the profession and people shall be dominated by a "single board" of medical examiners or by two or three boards, each representing a different school of medicine; nor is it whether a license to attend upon the sick shall be based upon a college diploma or upon an examination by a politically appointed board; but the real question is, whether the citizen sick shall exercise his natural right to choose among citizen healers a medical attendant or not.

It is a great question of principle.

If such a right has been swallowed up in the governmental prerogative,—if the state can assume to determine who may bring the relief desired and who shall not,—then it may do to talk about the machinery to be set up for the control of the practice of the art of healing under special laws.

If the state is possessed of some infallible tests of skill in the healer, or of merit in modes and means of cure, so as to set up a medical standard and to exercise a censorship justly prescriptive and proscriptive in accordance with it, it may be time to consider in what way the censorship shall be exercised, and by what form of medical catechism and machinery.

And then the homœopath and the eclectic, the hydropath and the Christian scientist, the physico-medicalist, the faith-curer and the hypnotist, must each ask for a separate board of examiners, or for a safe representation on a single board.

And here the inquiry is pertinent: What is to become of citizens and healers who have no confidence in and use for the methods and means represented by any one of the recognized boards?

The better to judge of the nature and influence of a governmental censorship, let us glance backward a little along the line of history.

#### 9. *Censorship in the Past.*

From the time medical guilds were recognized and endowed with some exclusive privileges in certain cities and districts, the arm of the civil power has been employed to prevent competition and to put down new and improved methods, as human selfishness and jealousy have prompted. The recognition and endowment of medical guilds was, at first, a royal concession and a step in the direction of freedom, because, short as was that step, it betokened a departure from autocratic methods.

Before that time everything depended upon the whims and caprices of the despotic ruler whose edicts were the supreme law. One of the earliest of such edicts mentioned in history was that of Philoxenus of Alexandria, forbidding operations for stone by young surgeons.

Afterwards, in the Christian era, the authorities of the church in the Roman Empire, especially in the time of Justinian, expelled the Greek physicians, then the most learned in the world; and the Nestorians, a heterodox sect of Christians, driven from Rome, carried the art of healing into Mesopotamia and other eastern countries. In Asia, where medicine had been chiefly nurtured for hundreds of years, it declined when the Turks destroyed the Caliphates and set up a cruel despotism in the eleventh century. In Europe, as the priestly practice of medicine declined, the associations or guilds of barbers had exclusive control of surgery down to the year 1743, when a royal edict broke their power in France.

In England, the practice of surgery was first allowed those not barbers, by act of parliament, in 1745.

As might be expected, when surgery was taken from the hands of the priesthood and from the barbers, it soon came under the control of the military power. War was the leading occupation of the people and required much surgery, and standing armies and navies called for the same provision in times of peace.

As the need of surgeons and the prerogatives allowed them increased, their control of matters medical as well as surgical grew apace.

In one country after another their autocratic influence gained

power, until it secured edicts and parliamentary acts placing the whole practice of the healing art under an authoritative censorship.

The views and wishes of the censors governed all practitioners and all modes of healing. Criticisms on the approved ways and means of cure were forbidden publication, and no one dared minister medical or surgical relief to a sufferer without a formal license, and a license could be had only by a slavish submission to orthodox dictation. Such was the condition of things when Hahnemann came upon the stage in Germany with new ideas and new methods. Time would fail me to tell you of the governmental proscription and persecution visited upon him and his followers. It mattered not that they were educated after the strictest customs of the day, nor that they were successful in curing the sick.

But for the confidence inspired by their many remarkable cures, and the favorable impression quietly made upon the mind of an occasional ruler or member of a royal family, they could never have enjoyed the privilege of demonstrating to the world the great truths of homœopathy.

In America, before the Revolution, one or two of the colonies, imitating European methods, started the board system for the regulation of physicians.

New York and New Jersey had boards of examiners, with a "State Medicine," much like the "State Religion" set up by the colonists of Massachusetts before they had fairly ceased to smart from the religious persecutions of the old world.

But for a high sense of personal freedom among the leading fathers of the republic as essential to the greatest progress and happiness of the people and the best development of human genius on every line, the United States would have been cursed by an established church and an established school of medicine.

DR. BENJAMIN RUSH, one of the signers of the Declaration of Independence, and founder of the first medical college on this side of the Atlantic, in an introductory lecture ninety years ago, speaking of the obstacles to medical progress, mentioned as one:

"The interference of governments in prohibiting the use of certain remedies and in enforcing the use of others by laws."

The effect of such a policy he considered:

"As hurtful to medicine as a similar practice, with respect to opinions, had been to the Christian religion."

And, as another obstacle, he mentioned :

"The conferring of exclusive privileges upon bodies of physicians, and forbidding others of equal talents and knowledge, under severe penalties, from practicing medicine within certain districts of cities and countries."

He said :

"Such institutions, however sanctioned by ancient charters and names, are the bastiles of medical science."

But, as time went on, ambitious medical men, influenced by a desire to rank above the common herd, secured legislation in some of the States establishing a medical censorship; and this method of police regulation continued until courts and legislatures came to see that its chief work was for the maintenance of a medical monopoly and the prevention of new methods of healing.

Litigation and persecution to keep down "Thompsonianism" and prevent the competition of "irregulars," all in the interest of calomel, bleeding, and other standard measures, went on until the obnoxious laws were repealed or became obsolete. Personal freedom for the profession and the sick triumphed until the great civil war came, calling for surgeons in the army and navy and for boards of examiners. When the war was over and the surgeons returned to the fields of civil practice, they brought with them too much fondness for the red-tape methods of military medicine. They became the advocates of medical examining boards, and talked much of the great surplus of doctors in the country and of their ignorance.

The despotism of army life was allowed, in some States, to deprive the people of one of their dearest personal rights, that of choosing their own means of relief in times of sickness and danger.

After the lapse of another decade, our thoughtful citizens will look back and wonder how a lot of aspiring doctors, against the almost universal wish, and against sound public policy, and in violation of natural human rights, were able to procure the medical legislation of late witnessed in several of our States.

I am happy, on this occasion, to say that the American Institute of Homœopathy has maintained a noble record in regard to such measures. Time and again her voice has been raised in opposition

to all legislation intended to control the physician in the procurement of his medical knowledge and in its application in practice, or to abridge the liberty of the citizen in the choice of his own means of cure.

In fact, I know of no country where the followers of Hahnemann have ever sought to force their views and methods upon the profession or the people by invoking the agency of the civil power.

I must compliment our brethren from England upon the liberalizing influence they have exerted upon the public and the Parliament of Great Britain; and I must accord a meed of praise to our mother country for the nice recognition made of personal rights as shown in allowing freedom to the healer of the sick, regardless of sects or names or modes of cure, and in requiring, by law, a prescribed kind and amount of learning in the medical man only when he comes to perform a professional act for the government. It is a great deal for a country with such a standing army and navy and board of trade, having so many medical and surgical boards and staffs, to draw the line thus fairly and distinctly between the rights of citizens in civil life and those allowed to them while in the public service.

Such a policy is in strange contrast with that in some of our boastful democratic States of America, where there seems to be no hesitation in the inauguration of army methods and the creation of autocratic and despotic censorships over the every-day doings of the citizen.

During a visit at Wiesbaden, Germany, a few years ago, I asked Dr. Kranz, a well-informed resident physician, why the apparent status of homeopathy was comparatively so insignificant in its fatherland, and he replied that it was due to the overpowering influence of military medical establishments. He said he had studied the situation, and was convinced that, in any country with large armies and strong military boards and staffs, it must be hard for any new therapeutic ideas and modes to gain a footing, and for practitioners representing them to withstand the prosecutions and penalties forced upon them by the reigning censorship.

#### 10. *Practical Results.*

The lessons of experience are not to be disregarded, and reading them on the pages of history or recalling them from our own mem-

ory, we must realize that their teaching is in favor of the greatest freedom for study and invention and against any arbitrary limitation of their scope and exercise in the domain of medicine.

I do not hesitate to refer to the United States as presenting, before the efforts at medical regulation by special enactments, the fairest field for and best results of an unbridled spirit of invention and improvement in practical medicine.

No country in any age can show a better record of important discoveries, of useful suggestions, and of faithful applications made during the last hundred years, in the various departments of medicine and surgery, than may be observed in republican America. I cannot pause to describe nor even to enumerate the good things for which the medical world stands indebted to the physicians of the United States; they would fill a fair-sized volume. The advantages of a more thorough drill and of specialization on the part of medical men in the older countries, for a time caused our students to go abroad for additional scholastic and clinical training; but now there is no such need. We have schools and hospitals to-day equal to any in the world. Widening our view, we observe some of the most important advances in the art of healing, all over the world, made by men unlicensed, and in spite of licensing boards. I may mention the therapeutic uses of water by *Priessnitz*, of varied systematic movements by *Ling*, of prison and hospital management by *Howard*, and of camp sanitation by *Florence Nightingale*. Considering how many of the important agencies and methods now in vogue have come from obscure medical men and from persons never educated regularly, if at all, in medicine, we must consider the opinion of the celebrated *Dr. Heberden* as not altogether inappropriate at the present time.

He said:

"The practice of physic hath been more improved by the casual experiments of illiterate nations and the rash ones of vagabond quacks than by all the once-celebrated professors of it, and the theoretic teachers in the several schools of Europe, very few of whom have furnished us with one new medicine, or have taught us better to use our old ones, or have, in any one instance at all improved the art of curing diseases."

To be more specific, I will refer you to the condition of things in

Italy and France, where medical councils with an authoritative censorship, have long held sway.

When the Asiatic cholera was last in those countries, so worse than useless appeared the efforts of the orthodox practitioners, that the people actually drove them from the houses of the sick with sticks and stones.

The prayers of priests, the relics of saints, and the pictures of the cross were preferred to all the regulation prescriptions of the most learned doctors of medicine.

In the city of Naples the distinguished homœopaths, Drs. Rubini and Cigliano, seeing the inefficiency of the authorized treatment and the great mortality among cholera subjects, in vain besought the king and his medical council to provide *Camphor* for the people and to advertise its use.

Knowing how effective it was in their own hands, how few died who took it, and how bright had been its record in past epidemics of the cholera, they were urgent—but all to no purpose. The king was blinded by his medical council, and the council preferred to let the people die rather than be cured by an “irregular” method.

Again, I would call your attention to the lack of confidence in the orthodox materia medica and therapeutics in countries governed by a medical censorship. Witness the eagerness of the profession, not to say the laity, in Europe, to seize upon and employ an absurd “elixir,” or to try a mysterious “lymph” before they could know its composition or have any reliable proofs of its virtue. Could medical men, where governmental regulation is unknown, possibly do worse?

#### 11. *Opinions of Leading Thinkers.*

I cannot conclude my address without mention of the deliberate opinions of a few leading thinkers and writers, both in and outside of the profession. The celebrated DR. HUFELAND, of Germany, in the February number of his *Journal*, 1830, made comments on the official unfairness toward homœopathy; and when his editorial was afterward reproduced in a Hungarian paper, the following noble paragraph was stricken out by the royal proto-medicus, Dr. Lenhoseck. Said Hufeland:

“No kind of despotism, no autocracy, no suppression of opinion; government itself has no right to interfere in scientific matters,



either in preventing research or in favoring exclusively one opinion, for both kinds of interference have done harm, as experience shows."

PROF. HUXLEY, of England, at the opening of the medical school in the London Hospital, a few years ago, said:

"A large number of persons seem to be of the opinion that the state is bound to take care of the general public and see that it is protected against incompetent persons and quacks. I do not take that view. I think it much more wholesome for the public to take care of itself in this as in all other matters."

PROF. TYNDALL, of the same country, in a lecture at the Royal Institution, said:

"Never, in the history of medicine, was there so bright a dawn for the healing art as the present one, if scientific men are not hampered by mischievous legislation."

MR. HERBERT SPENCER, another great English writer, in his *Social Statics*, says:

"There is a manifest analogy between committing to government guardianship the physical health of the people and committing to it their moral health."

"The two proceedings are equally reasonable, may be defended by similar arguments, and must stand or fall together. . . . The fear that false doctrines may be instilled by unauthorized preachers has its analogue in the fear that unauthorized practitioners may give deleterious medicine or advice."

*The Popular Science Monthly*, the foremost scientific publication in America, says editorially:

"Individual liberty is abridged in many ways that seem to us essentially wrong. That the members of a particular profession should have laws passed in their special interest and should be empowered to decide who may enter into competition with them, is, we think, at once a violation of justice and of liberty. . . . Time was when it was supposed that the state had to look after the spiritual health of individuals, and for that purpose to prescribe their theological beliefs and religious observances. . . . How much of real quackery is now concealed by the license to practice it might distress a confiding public to know. Our voice may be as one crying in the wilderness, but we cry with conviction when we call for more individual liberty, with its correlative individual responsibility."

*The Arena*, one of the new and most enterprising of our American

magazines, noticing the views of Mr. Spencer, quoted a moment ago, says editorially:

"There is already a healthy reaction taking place; the people have become alarmed at the wealth, power, and audacity of law-fortified trusts, monopolies, and class-protected professions. The word is going forth that class legislation must not only cease but the special-privilege feature of existing laws must be eliminated. . . . Medical class legislation infringes on the dearest rights of the citizen, a right sacred as religious liberty—the right to choose whomsoever he desires to wait upon him in the solemn hour of sickness and death."

I might spend a whole day bringing before you such expressions from scientists and from distinguished medical men in Europe and America, especially from the strong thinkers in our own school of medicine, but I deem it unnecessary.

I would, however, advise any in our own ranks who are inclined to favor a medical censorship in civil life, authorized by governmental authority, to read carefully Ameke's *History of Homœopathy*.

They will there see what an incubus and hindrance such a provision has been upon medical progress, and be better enabled to realize the benefits of the freedom I advocate.

## 12. Conclusion.

In conclusion, I will briefly summarize the provisions that the state may safely make for the protection of the citizen and increase of medical learning.

1. The state may properly prescribe the minimum of the branches to be taught in any college, the diploma of which is to be taken as some guarantee of the qualifications of medical men called upon for state service. I say minimum, because there should be no limits to the maximum, the way being forever open to the introduction of that which is new and better.

2. The state should enact a law requiring each healer of the sick, offering service to the people, to be registered in a book kept for public inspection by the clerk of his county, the register showing a statement made by the applicant under oath, giving his name, age, residence, time and place of study, college graduated from or attended, together with an account of medical societies affiliated with, and of places at which he has been previously in practice.

3. The state should enact a law making it a misdemeanor for a practitioner to claim or display any title not earned and owned as represented on the register.

4. The state should leave each healer of the sick free to select and apply the means of cure, subject only to the penalties of the common law for malpractice.

5. The state should never presume to dictate to the citizen upon whom he shall call, nor what shall be his means of relief, in times of suffering and danger.

6. The state should thus enlighten her citizens as to what the healers of the sick have done to qualify themselves for practice, and then leave them forever free to exercise their own choice and bear their own responsibilities.

## ADDRESS.

BY I. T. TALBOT, M.D., BOSTON, MASS.

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THE DUTIES AND RESPONSIBILITIES OF HOMŒOPATHIC COLLEGES AS LEADERS IN MEDICAL PROGRESS.

THE condition of medical instruction in this country during the first century of the republic has not been such as to give us much satisfaction or to foster professional pride. During this time the medical schools were often but little better than a farce. They were to a great extent irresponsible bodies, established under color of law, not infrequently for purposes of professional or pecuniary speculation. The number rather than the quality of its students was made the test of the medical school or college or university, as it was ambitiously self-styled. No previous acquirements were needed for admission, no control was held over students during their term of study, and the examination for the medical degree was, in the majority of cases, a mere pretence.

Intense rivalry between the different schools or chartered concerns broke down all restraints or proper safeguards to entrance into the profession; the most unblushing falsehoods were uttered in the annual announcements and advertisements, and in great cities "runners" were actually employed to secure students and divert them from their rivals by any possible means. To such a depraved condition did medical education sink, that diplomas were unblushingly offered for sale without any required medical knowledge.

The advent of homœopathy did not tend to improve this state of affairs. The small size of the doses and their harmless character removed all fear of danger in administering them even by the most timid. The "box and book doctors" sprang up almost like mushroom—in a night.

It is true that in spite of all this there were many learned and honorable physicians who, by years of study and effort, sought to raise medical instruction out of the slough into which it had fallen.

In our own school, under the modest title of the Allentown Academy, we find an early effort to secure medical knowledge by quiet, continuous, painstaking study ; but this effort was too short-lived to make any important impression on the profession. In 1848 and thereafter, homœopathic colleges were established in accordance with the existing methods of the day. They were no better, and I think we are justified in saying they were no worse, as a rule, than their colleagues. They had not the means at their command to accomplish all that was desirable ; still, on the whole, they did creditable work, and resisted the strenuous efforts made to crush out the revolution in medical practice. They were in a sense successful, and as they became more numerous and influential, they became an important factor in the matter of the medical education of this country. To-day there are no less than sixteen of these colleges engaged in active and progressive work, and they have furnished no less than eight thousand five hundred members to the profession. They have done more than this ; they have been steadily striving to accomplish better work. They have combined, considered, and, in our national association, discussed annually the best means of raising and improving the standard of medical education. They have unitedly required a preliminary examination for all students allowed to enter their colleges. They have adopted a progressive course of study covering three full collegiate years. They hold annual examinations on the studies of the year last passed.

A still further step has been determined upon, and one greatly in advance of any other medical schools in this country. It is that after another year all students before graduation will be required to have spent four years in medical study. The first of these must be devoted to the foundation and sciences of medicine, and the student's proficiency is to be determined by thorough examination. The last three years must be spent under the careful instruction of the medical school. So far the homœopathic medical colleges are united, and stand in advance of all other medical schools in this country ; and it only requires that each college should faithfully insist upon the fulfilment of these requirements by every student who graduates therefrom, and that the profession should, with jealous eyes, see that all these obligations are fully performed.

But there are other requirements necessary if these colleges would assume and hold the position as leaders in medical progress. It is

not many years since instruction in medical colleges was almost wholly didactic in its character. Gradually clinical instruction and demonstrated experiments were introduced and, in some of the best, laboratories for practical instruction were introduced. These have all been steps in the right direction. But the requirements of to-day, and the still greater requirements of the future, demand more thorough facilities for instruction in all the practical departments. It goes without the saying that the principles of general chemistry and its analytic and synthetic methods should become familiar to the medical student. Still more important is it that medical chemistry should be taught, and the student be required to investigate and analyze the various products and excretions of the system. A greater amount of time and greater facilities should be given to the study of anatomy,—general, topical, and special,—while embryology and histology should be rendered familiar by the practical work and experiments of the student. The microscope, especially to the homœopathic physician, who sees in the minutiae of life the elements of disease and destruction, should be a daily companion, and in the medical school he should be familiarized with it, and taught to use it with the greatest facility and knowledge. In physiology, too, the thousand practical experiments which teach the functions and conditions of the human system in health and disease should be practically made, and their lessons enforced in suitable and well-equipped laboratories. Pathological anatomy, with all organic changes, should be made familiar to the student, which can only be done when a well-arranged museum is at command, with the frequent use and exhibition of its material under the microscope. Didactic teaching cannot possibly give any clear and competent idea on this subject. As well might one expect to study without eyes the wonders of a landscape. Equally essential, and perhaps almost the foundation of a medical school competent to fit the student for the practical work of his profession, is an extensive, well-arranged hospital, in which the student can, from day to day, study the more severe forms of medical and surgical disease, and a dispensary for the treatment of out-patients, to which can resort a large number of cases, often the severe as well as the more common and mild forms of disease.

In this I have but briefly outlined in part the absolute requisites of such a school as should be provided for every one who intends to become a homœopathic physician.

Let us summarize these requirements :

*First.*—A laboratory for anatomy and dissection.

*Second.*—A laboratory for physiological study and experiments.

*Third.*—A laboratory for microscopy, histology and bacteriology.

*Fourth.*—A laboratory for pathology, with well arranged museum attached.

*Fifth.*—An extensive medical library and reading-room.

*Sixth.*—A hospital with at least one hundred and fifty beds.

*Seventh.*—A dispensary capable of treating ten thousand patients annually.

*Eighth.*—An amphitheatre and lecture-room for didactic and general instruction.

*Ninth.*—Suitable dressing-rooms for students.

*Tenth.*—Sufficient space for the other important requirements of the school.

It is obvious that the minimum cost for providing, furnishing and properly fitting up all these necessary departments of the school involves a large expense, which, as it is for the benefit of the entire public, certainly should not fall upon the profession alone. Nor is it possible to properly sustain this by the fees of the students. When we compare the requirements of a school of law, divinity or liberal arts, with those of a medical school, we see at once how much more extensive and costly are the necessities of the latter. Medical schools are, however, often established and conducted solely on the income to be derived from tuition fees. Now while it would be deemed a folly to attempt to carry on a literary college or university without endowments of the most substantial character, and appeals for aid in behalf of these institutions are constantly presented to the public, how much greater is the necessity that the public should assist in the establishment and support of the necessary medical schools. No department of education is of greater practical importance than that of medicine. The health and life of the community collectively and individually comes within its scope, and although in this country the subject has never been presented forcibly and efficiently to the public, yet there is now awakening a sentiment in regard thereto which it is the duty of our profession to still further cultivate. Hospitals of the most costly and valuable character have been and are constantly being erected in different parts of the country, devoted entirely to the care of the sick and destitute with-

out any regard to the even greater benefit they may confer upon the whole community, by contributing to the better education of its physicians. They should be fields for careful study, observation and research, not for experiments, as is sometimes falsely charged against them; and they should be so conducted that they may be of the greatest value to the students, while at the same time they would be more serviceable to the patients in the greater care, study and effort which would be given to each case. That physician is competent neither as an instructor, nor as an attendant in any hospital, who would not give to its inmates his best skill and greatest care. The same general idea is true of the dispensary; its relative value and importance becomes greatly enhanced when it carries with it a department of instruction. The hospital and dispensary, so essential to clinical instruction, require a large fund for their foundation and support; and this the public is already accustomed to provide, and it oftentimes is done with great liberality. It only remains to demonstrate the importance of the other departments, and to appeal to the public earnestly, efficiently, persistently for the means suitably to conduct a medical school.

Conscious as we are that our system of medicine is to form the basis of medical instruction in the future, is it not our duty to take such wise and comprehensive action as shall make us the leaders in medical progress? Our schools should not only be provided with all the needed means for instruction, but so endowed that they can command and compensate the best professional talent as teachers. It is too much to expect that our schools will, at a single bound, reach the point of desired completeness, but as in the last ten years they have progressed with such rapidity in their ideals and standards of instruction, should they not each and every one seek to secure in the near future all these required facilities? It is for our whole profession, for every individual member of it, to give such assistance as he can in this work. This can be done, first, by contributing something annually to the pecuniary support of these schools; second, by arousing in the community a generous sentiment in favor of giving such assistance; third, by sending to these schools only the most carefully prepared and capable persons, who, when properly educated, will benefit the profession and the community.

Let this appeal go to every physician of the United States; let him lay aside all petty jealousies and cynical criticisms, and realize



that in his hands, to some extent, rests the honor, the position and the progress of medicine.

#### DISCUSSION.

S. R. BECKWITH, M.D. : Dr. Dake has too highly honored me with his statement of my early college experience.

The paper of Dr. Talbot requires no comment. His appeal to members for their support of our colleges meets my approval, and should incite us to respond in the way he has suggested.

The prosperity of this Institute, and the advance of homœopathy are largely due to the cause he has mentioned.

Our numerous large and well-equipped hospitals, dispensaries, and other kindred Institutions, which have given our practice its high standing, would never have existed except for the work done by the the colleges.

The present demand for more clinical instruction, and a higher grade of medical education has increased the expense of our colleges until that expense can no longer be borne by the college faculties.

I observe, with that pleasure which youth gives to age, that the younger members of the Institute are men of broader views, more liberal education and sentiments, and larger attainments, than possessed by the majority of old members.

They exhibit no evidence of more brains, but increased and better opportunities.

Nearly forty years ago, I attempted to teach in the Cleveland College. Then Ohio had less than twenty physicians, and a proportional less number in other, then, western States.

At this time, three serious difficulties had to be overcome in maintaining a college. One was to procure money to pay for a skeleton, rent, fuel, and janitor—about all the requirements. The second was students.

But the greatest trouble of all was to find competent instructors. No other evidence is required to prove the last statement than the fact of my appointment to the chair of surgery. A mere youth, with a little education obtained in a log schoolhouse, and on the hearth of a poor home by the light of a crackling wood fire.

Were it not for the love-marks of homœopathy on the first diplomas I signed, I would like to call them in and blacken out my name.

The expenses of the two colleges at this time were mostly paid by the faculties, and all our colleges have been doing about the same thing ever since.

Then, homœopathy was poor, decried, and despised, but degraded it could not be, for its principles were fast anchored in the ground of eternal truth.

If the present preliminary examinations had then been required of students, very few would have passed.

Our colleges then, as now, were liberal and progressive. We granted the first diploma that women ever had. Their education was unpopular, and none applied for admission whose attainments reached a standard that I thought qualified them for admission to the Institute. My opposition to their admission caused me to be intensely hated by the opposed applicants. Our colleges popularized women's medical education, and such women were educated that I now challenge any man to more gladly welcome them as our equals. As I contemplate the growth and progress of our colleges, I am filled with wonder and admiration. A few days since, when I first saw the new Philadelphia college building, my memory went back to the little college over the grocery of forty years ago. And more than ever I was proud to be known as one of the followers of Hahnemann. I felt that I should approach the edifice with reverence and respect, for it was built from the fruits of his immortal truth. Grand as it is, other cities have college structures near its equal.

The colleges are ours—ours to maintain. Their support rests with us. In the immense increased wealth of this country, institutions of learning are receiving large contributions and endowments. Our patrons represent a very large proportion of the country's wealth. More than twenty millions of dollars annually are given to save heathen souls. I believe if one-tenth of this amount was given to homœopathic hospitals more lives would be saved from the wrongs of allopathy than are saved of heathen souls from heathenism. A small donation from each of our wealthy patrons will be more than Dr. Talbot expects.

In the early time of the colleges, there were discords, disputes, and dissensions; now, all is harmony, union, and peace, except in the college I love most of all—my respected mother. Let all unite in the hope and wish, that there, personalities may be buried from sight by their love of homœopathy; and the old and new unite to again take her rightful rank with her sister colleges.

WM. TOD HELMUTH, M.D.: I have been called (rather suddenly, to be sure) to speak on a subject that has always been very near to my heart. In 1853, I graduated from the Homœopathic College of Pennsylvania, in company with some of the gentlemen who now occupy the honorable positions on the platform, and with some who, like myself, are contented to come here to learn and not to rule. In 1849, I began the study of medicine, and then the old Homœopathic College of Pennsylvania (whose name ought never to have been altered, because it was the first college in the world to teach homœopathy) held its sessions in a small room or two in the city of Philadelphia, I think on Arch Street, above Seventh. I remember wandering into the institution in company with Dr. Sims, who was the

first professor of surgery in the college, and seeing several specimens to which he called my special attention, thus directing me to the study of the surgery of the different organs of the body.

There were few students in the class of '53. The college had moved to its new home on Filbert Street, and we considered it one of the finest institutions in the country. At that time, the teaching was all didactic. There were a few patients who were brought up from the dispensary to receive their pills before the classes—we all gave globules in those days, and those were, indeed, the days of pure homœopathy. The cures recorded by the men of those times have never been equalled since. The clinics were few, and, as I said, the lectures were didactic. Some of the driest lectures that I ever heard I listened to, or tried to listen to, in that institution. My uncle, God rest his soul, was the professor of Theory and Practice, and a more honest man, and a more faithful student of *materia medica*, could not be imagined, and yet his didactic lectures did not attract the student, for, to interest the student, you must have all the faculties employed. *To hear is not enough—you want to see and feel, and exercise all your senses.* It is very easy to talk to a man about doing something in operative surgery. A surgical operation looks very easy and plain in the pictures, as found in surgical works, but give the doctor a scalpel, request him to operate, and he will then appreciate the difference between theory and practice. So it is well to have your homœopathic theory, and adhere to it when you can, but the only duty of the physician, ladies and gentlemen, is to cure his patients. He must do this according to the best means, and with all the knowledge he possesses. I desire, therefore, to make a point, that clinical instruction be more largely employed; that the student may see with his eyes, as well as hear with his ears. The sooner the medical colleges have more clinical facilities, more demonstrations, more practical teaching, the more perfect will be the education of the student, the more the science of homœopathy be advanced, and the more good done to suffering humanity; for, as I said before, it is suffering humanity that claims all the skill and judgment of the physician, whether he be a homœopath, an allopath, or any other kind of a "path."

DR. TALBOT.—*Mr. President and Members of the Congress.*—Reminiscences of the past and the pious praise of the profession are all extremely interesting to listen to, but what we are here for is, with all due respect to the past, to look forward to the future. What are our duties in this matter? Now Dr. Beckwith very pertinently showed the means at our command; the whole community needs but to be properly invited to give to our medical colleges as they give to other institutions, to our dispensaries and hospitals. Donations, from the single dollar, or even less, to gifts of millions of dollars by individuals, come to these charitable institutions. We have but

to show the importance of medical schools and we may go to the same source, the generous public, for aid. Physicians may contribute now and again, as physicians have always done, but it is more their province and their power to place the matter before their constituents in its true light, and show them how they can benefit humanity by giving large or even small sums to our medical colleges.

The Medical Department of Harvard University, or of the University of Pennsylvania, with an annual income of fifty thousand dollars or more, has none too much to carry on the work of instructing its students. That same amount, an income of at least fifty or sixty thousand dollars, should be at the command of every medical college, to enable it to properly conduct its teaching. The necessary sum can be raised wherever a medical college is needed; hospitals and dispensaries can be established in connection therewith, the funds and endowments can be secured, if we, as members of this body and of the homœopathic profession of the United States, will earnestly and persistently bear in mind this important duty which rests upon us, and with this duty fulfilled we shall indeed be enabled to carry on more thoroughly the work of instruction, and be indeed the leaders in medical progress.

## ADDRESS.

BY CHARLES GATCHELL, M.D., ANN ARBOR, MICH.

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THE INFLUENCE OF HOMŒOPATHY ON RECENT MEDICAL LITERATURE AND PRACTICE.

*Mr. President and Members of the Congress:*

THE subject which, through the unmerited partiality of your committee, has been assigned to me, is one possessing both a historical and a practical interest. Historical, because it treats of events closely associated with the development of our school; practical, because it deals with forces which are potent in determining its course and destiny.

In Europe and America homœopathy and traditional medicine have been in close contact for almost a century. The colleges of the two schools stand in each other's shadow; their books may be found in each other's libraries; their journals circulate promiscuously; consultations between their members are becoming of less uncommon occurrence.

Such intercommunication has not been without its effect. The literature of the old school gives ample evidence of acquaintance with and appropriation from our own; but, notwithstanding this fact, the extent to which their practice has become modified in the direction of homœopathy is slight indeed.

To note the extent to which such modification has taken place, and to attempt to account for the difference between the effect upon their literature and upon their practice, is the task that is mine. Since a different explanation goes with each, it is convenient to consider the two separately.

THE INFLUENCE OF HOMŒOPATHY ON RECENT MEDICAL LITERATURE.

In the literature of the old school, instances of the consideration of remedies that have long been peculiar to homœopathy, and of

their application in the treatment of diseases to which they bear a relation of similarity, are many and varied. Twenty years ago every such occurrence called forth wide-spread comment; to-day instances of the kind have become so common as to cease, almost, to be subject for remark.

There are few modern old school text-books on materia medica and therapeutics that do not contain material gleaned from homœopathic works of a like character. The extent to which Ringer, Phillips, Brunton and Bartholow have drawn upon such sources is too familiar to the members of this Congress to render it necessary for me to make a critical analysis of the subject. In the homœopathic press the deadly parallel column has told the story again and again.

The homœopathic text-book to which these teachers of "rational" medicine are chiefly indebted is Dr. Richard Hughes' *Pharmacodynamics*, the leading authority on the subject in our school, and a work to the great value of which these men pay eloquent, though silent, tribute.

Of the drugs that the old school has adopted from homœopathic sources, it is not strange that our great antipyretic, *Aconite*, should be the chief. It is one of the earliest that they appropriated, and it is probably the one that they most frequently use. Their literature abounds in instances of the kind.

#### ACONITE.

Dr. Wm. H. Porter,\* of New York, in a lecture on *Plethora in Its Relation to Inflammation*, says:

"Venesection, or the use of *Aconite*, especially the latter, when used early in the congestive state of the inflammatory process, will diminish both the force and the frequency of the heart's action; the arterioles will dilate, the general blood tension will be lowered, and an increased volume of blood will be carried over into the venous side of the circulating apparatus."

Dr. H. Bryson Delavan,† of New York, in writing on the subject of *Acute Tonsillitis*, says:

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\* *International Clinica*. J. B. Lippincott Co., 1891, p. 29.

† *Reference Handbook of the Medical Sciences*. Wm. Wood & Co., New York, 1889. Volume vii., p. 134.

"For a simple case in an adult, the best plan is to administer, alternately, every fifteen minutes, half a drop of tincture of *Aconite* and half a drop of the tincture of *Belladonna*, watching carefully for indications of the physiological effects of the drugs, and stopping the medicine upon their appearance."

Dr. T. Lauder Brunton \* says:

"The chief use of *Aconite* is in febrile conditions depending upon local inflammation, such as tonsillitis, sore throat, pleurisy, pericarditis, acute rheumatism, gout, erysipelas, and in urethral fever. In many of these conditions small doses of *Aconite* slow the pulse, lower the temperature, and give much relief to the patient."

Dr. Sidney Ringer † says:

"*Aconite* is to be the most esteemed for its power, little less than marvellous, of controlling inflammation and subduing the accompanying fever. It will sometimes at once cut short an inflammation."

#### RHUS TOXICODENDRON.

This drug, the use of which as a therapeutic agent has been confined almost exclusively to the homœopathic school, has recently received recognition at the hands of the old school. The source of their knowledge of the virtues of this homœopathic polychrest it is not difficult to divine.

*Rhus* is not mentioned in either Ringer or Bartholow. Phillips, ‡ who is so much indebted to homœopathy for medical material, says of it:

"*Rhus* is valuable in various sub acute and chronic rheumatic affections of the fibrous tissues; the synovial membranes seem to be less amenable than the fibrous structures, such as tendons, ligaments and fasciæ. In cases of "scarlatina rheumatica," it is often of great service, and especially if typhoid symptoms are present."

In this connection interest attaches to *Rhus* by reason of the attention called to it by Dr. John Aulde, § of Philadelphia. The

\* *Pharmacology, Materia Medica and Therapeutics*. Lea Brothers & Co., Philadelphia, 1888, p. 835.

† *Handbook of Therapeutics*, p. 398.

‡ *Materia Medica and Therapeutics*. Philadelphia: P. Blakiston, Son & Co., 1886, p. 228.

§ *Therapeutic Gazette*, October, 1889, p. 676.

article is remarkable for the palpable, though disguised, homœopathy that it contains, and also for the affected disingenuousness of the writer.

In attempting to account for the limited amount of clinical evidence that he is able to present, Dr. Aulde says:

There seems to be considerable diffidence in giving an opinion concerning a remedy which is altogether new, and is given in such small doses as *Rhus toxicodendron*.

Homœopathic physicians may well smile when in the month of October, Anno Domini, 1889, they hear *Rhus tox.* called "a remedy which is altogether new."

The dose of *Rhus* that Dr. Aulde recommends has a singular likeness to that which homœopathists have long been accustomed to use. He says:

"It should be prepared with diluted alcohol, and used in the strength of 1 part to 10—that is 1 part of the tincture to 9 parts of diluted alcohol."

Dr. Aulde indicates that he has some faint conception of the fact—so little known to the members of his school—that no single homœopathic remedy is claimed to be a "specific" for all cases of a disease having the same name. He says:

"*Rhus* is not an infallible remedy for all rheumatic affections. I do not think it would be of great benefit in acute attacks, and my experience does not justify the statement that it can be depended upon invariably for relief in all chronic cases."

But that some slight, though imperfect, notion that remedies should be applied according to certain "indications," to be determined by the symptoms of each individual case, is penetrating the minds of a few, is better illustrated by another instance that I will cite:

Dr. Horatio C. Wood, of the University of Pennsylvania, writes:

"Nearly ten years since I was much impressed with the accounts published in various homœopathic journals of Philadelphia of *Rhus toxicodendron* for rheumatism, and being at that time visiting physician to the Philadelphia Hospital, with a large number of cases of sub-acute, chronic and acute rheumatism under my care, I availed myself of the opportunity to test the virtue of the drug. I obtained the homœopathic tincture from a large homœopathic phar



macy. I tried it in all forms and doses, homœopathic, large and small, and found it exceedingly uncertain in its action, and giving no definite good result. I was not able to see that the patients progressed on the average, any more rapidly when taking it than when left to nature and nursing."

In commenting upon this experiment of Dr. Wood's, Dr. Percy Wilde\* says:

"To a casual observer it would seem incredible that there should be so much conflict of evidence respecting facts so easy of observation as whether a certain drug does or does not exercise a beneficial effect. It is not difficult to understand that a medicine may exercise a specific action on one tissue and have no action at all upon others. Thus when animals are slowly poisoned by Bryonia, another "new" remedy for rheumatism, it is found that the tissues chiefly selected for the site of inflammation are the serous and synovial membranes, the pleura, peritonæum and the lining membrane of the joints, and that the muscular tissue is also reddened and injected. With Rhus we find that it is the skin and the fibrous tissues which are chiefly affected in cases of poisoning. Its specific action appears to be upon the tendons, fasciæ, sheaths of muscles and nerves. This elective affinity of drugs for certain tissues is undoubted and will explain many of the divergent results which are recorded respecting the action of a medicine in apparently the same disease. Thus it is quite possible that a case of sciatica may be cured by Rhus after the failure of other remedies, and that it should be, therefore, extolled as a remedy for sciatica. As a matter of fact, it is perfectly useless in pure sciatica, but it is frequently the best remedy when the complaint is rheumatism of the sheath of the sciatic nerve. In the same manner it is of great value in true rheumatic condition of the tendons, ligaments, and sheaths of muscles, a condition in which the circulation through the tissues must be defective, because the pains are usually worse while the patient is at rest; and although pain is caused by the first movement, it is relieved after slight exercise, a condition precisely the opposite to that which obtains in inflammatory conditions of the synovial membranes when freedom from pain is obtained by absolute rest, and all motion is painful."

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\* *International Medical Annual*, 1891. E. B. Treat, Publisher, New York, p. 49.

Dr. Wilde's discriminating comments on the use of Rhus are robbed of all cause for wonder when it becomes known that although editor of an annual, highly-esteemed and widely read in the old-school, he is himself an avowed homœopathist.

#### HEPAR SULPHUR.

Some years ago a New York physician, of the old school, published in one of their leading journals, an article extolling the virtues of Hepar sulphur or Calcium sulphide, as he preferred to call it, in the treatment of boils and carbuncles and the suppurative process in general. Since that time many others have experimented with the drug, and the testimony that they render is almost without exception favorable.

Dr. Edward Curtis,\* of New York, offers this tribute to its merits :

"Internally, sulphurated lime has rather recently acquired a reputation as tending to control suppurations, the discharge lessening in quantity, and the unhealthy pus acquiring a healthier character under the influence of the medicine. Given between times in recurring suppurations, as in recurring crops of boils, it is also held to abate the frequency and severity of the attacks. The dose of sulphurated lime ranges from 0.003 to 0.006 gm. (1-20 to 1-10 of a grain), several times a day, or even hourly, given most conveniently in trituration with sugar of milk."

Dr. Percy Wilde (*op. cit.*) says :

"I have frequently mentioned the value of Calcium sulphide which in full doses increases the rapidity of suppuration in boils and abscesses, and in smaller doses will cause resolution in cases where the suppurative process threatens but has not commenced."

Dr. Mortimer Wilson,† U. S. A., says :

"The power of Calcium sulphide to modify the suppurative process first called attention to the drug. I had on many occasions tested its value in checking and aborting incipient abscesses; thinking its anti-pyogenic power might be employed where pus is formed in a mucous membrane, I prescribed it for the first time in 1883 as

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\* *Wood's Handbook of the Medical Sciences*, vol. vi., p. 682.

† *Therapeutic Gazette*, 1888, p. 306.

a remedy for leucorrhœa. The improvement was very marked within a week, and in two weeks a complete cure was obtained."

Dr. John M. Aulde\* published a paper on the "Treatment of Suppurating Diseases by the use of Calcium Sulphide," which might well have emanated from a disciple of Hahnemann. His most significant words are these:

"The continuous exhibition of Calcium sulphide, as heretofore indicated, will shortly reduce the activity of the inflammation, and when seen early few cases will go on to suppuration."

After disclaiming priority in the use of "Calcium sulphide" he very naively adds:

"Possibly I may be entitled to some credit for extending the usefulness of the drug, by finding some new applications for it."

The "new applications," which he proceeds to enumerate, are such as have been familiar to homœopathsists since the early part of the present century."

#### PULSATILLA.

Many traces of this homœopathic polychrest are to be found in the literature of the old school, recommended in those conditions in which the disciples of Hahnemann have long been accustomed to use it. The medical journals of the past few years contain many accounts of its employment in the treatment of epididymitis. Phillips (*op. cit.*, p. 28) says that it may be employed in conjunctivitis, in sub-acute inflammations of mucous membranes, in inflammation of the external auditory canal, in the so-called "stye," in catarrh of the respiratory mucous membrane during measles, disorders of "melancholic females," and in dyspepsia when marked by "headache and nervous depression, white-coated tongue, flatulence, pain in the epigastrium, cold and clamminess of the extremities, and either constipation, or diarrhœa with mucous discharge." He also recommends its use "in cases where the catamenia are scanty or delayed, or suddenly arrested by fright or chill" and in "dysmenorrhœa when the discharge is blackish and clotted."

This enumeration of special symptoms calls for little comment before an audience made up of homœopathic physicians. The source of Dr. Phillips' inspiration is too apparent.

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\* *Therapeutic Gazette*, May, 1890, p. 305.

## GLONIN.

This useful remedy, which is so distinctively of homœopathic origin,—never having been used in medicine until introduced by Dr. Hering—the old school has quietly appropriated without so much as “By your leave, sir.” In so doing, as might have been expected, they have ignored its characteristic name, and make use of that one only by which it is known in the arts—Nitro-glycerin. Under this term frequent reference to it is made in their literature, and always in connection with those diseased conditions for which it was originally recommended by its homœopathic provers.

With the instances that I have cited the subject under consideration is by no means exhausted. As my hearers well know, it might be extended indefinitely, for there are few of our remedies that some members of the old school have not attempted to use. Colocynth, Apis, Cactus, and even Lycopodium, have all enjoyed brief favor at their hands. Out of the entire mass, my intention has been to give but a few illustrative examples, in order to indicate the nature of the influence that homœopathy has exerted upon recent medical literature. That this influence has been marked, the evidence presented is sufficient to establish.

The literature of the old school is characterized by still another peculiarity that it owes to the influence of homœopathy. Many old-school writers find themselves unable to ignore the evidence presented of the “dual action of drugs,” as they call it. They cannot help observing that many drugs cure conditions similar to those which, in toxic doses, they produce. Ipecac, Cantharis, Arsenic, and others have shown this action in so striking a manner that it has many times attracted attention. Some pass it in silence. Others express surprise that such things can be, and make use of language indicating their bewilderment. Thus, M. Aran,\* in speaking of Sabina, says :

“Strange as it may appear, this powerful emmenagogue also has the property of suspending uterine hemorrhage.”

A notable instance of the kind may also be found in Farquharson† who, in speaking of Ipecac, says :

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\* Stille's *Therapeutics and Materia Medica*, H. C. Lea, Philadelphia, 1874, vol. i., p. 415.

† *Guide to Materia Medica and Therapeutics*, Philadelphia, H. C. Lea, p. 29.

"A most remarkable fact in the action of the drug is its power, when given in small doses, of checking vomiting. In dyspeptic conditions in which nausea or vomiting are prominent symptoms, a drop of Ipecacuanha wine taken every hour will often prove truly curative. At present this must be looked upon as one of the enigmas of therapeutics."

Upon other members of the school this "new discovery," as they call it, has had a different effect. They are keen enough to see that this peculiar action of drugs is an exemplification of the homœopathic law of similia, and yet they are little disposed to make such an admission. In this dilemma they cast about to find some explanation that will serve to account for the phenomenon and yet remove it from the domain of homœopathy. This has made many impressions upon their literature.

The most striking example of the kind may be found in a paper by Dr. Iretus Greene Cardner,\* who thus expresses himself:

"I think it may be laid down as an axiom that a highly poisonous substance, like Arsenic, is never used for the purpose of simply developing its toxicological effects. If it is not for this effect, for what effect is it? We know how promptly the organism resists any force that disturbs the equilibrium of its physiological action. It is this natural tendency to resistance and repair that constitutes the *vis medicatrix naturæ*. It must, then, be the physiological phenomena caused by this natural resistance to or reaction against a small dose of Arsenic that alone is desired; and as such phenomena may be opposed to phenomena developed by contemporary disease in the system, the dose would thus be remedial and curative. This we may term the *reactionary* or *indirect* effect of Arsenic obtained from small or minute doses. Then we can say: 1. That there is an effect to be obtained from a small dose of Arsenic which we term *indirect* or *reactionary*. 2. That this effect tends to cure such conditions or diseases of the system as are like those produced by toxicological doses. If this be true of arsenic, it must be equally true of all remedial agents. So we may make the general law, that a small dose of a powerful medicine causes a resistance in the system to all the physiological phenomena that would follow a toxic dose of the same, and the small dose would therefore become remedial when like physiological phenomena were present and caused by disease."

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\* *New York Medical Journal*, vol. ix., p. 126.

The literature of medicine contains no greater curiosity than this paper of Dr. Cardner's. It is virtually an acknowledgement, and an exposition, of the law of *similia*. At the same time it is an attempt, thinly disguised, to transplant it into the domain of "physiological medicine." Dr. Cardner is not alone in this attempt.

The literature of the old school abounds in such references. But since the days of Hahnemann, it is difficult to be original in anything connected with the subject of the action of drugs on the human body, for the great founder of homœopathy anticipated these men by almost a century. In 1796 he wrote :\*

"Most medicines have more than one action. The first is a direct action—which gradually changes into the second—which I call the indirect secondary action ; the latter is generally a state exactly the opposite of the former. If in a case of disease a medicine be given whose primary action corresponds to the disease, the indirect secondary action is sometimes exactly the state of body sought to be brought about."

I think that I am correct in stating that this is the earliest record, in all literature, of the fact that drugs have such an action as the one described. Consequently, Samuel Hahnemann was its first discoverer and all modern treatises on the subject are but acknowledged appropriations from his great works.

The first reflection to which the subject gives rise is the want of candor on the part of old-school writers in failing to give due credit to homœopathy as being the source of their knowledge. This is something almost unparalleled in the world of literature. A writer on astronomy, zoölogy, chemistry, or any of the natural sciences, is accustomed to quote authority, and make due acknowledgement when he makes use of material which he obtains from another author. The world has set the seal of its condemnation upon him who, intentionally, neglects such act of simple justice. It is remarkable that the old-school profession should present the only conspicuous example of a violation of this ethical law. Between the lines of their code there seems to be—unwritten, yet not unobserved—an injunction that says: "Be just to every one but a homœopathist."

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\* "Versuch über ein neues Princip zur Ausfindung der Heilkräfte der Arzneisubstanzen, nebst einigen Blicken auf die bisherigen," von Dr. Samuel Hahnemann *Hufeland's Journal*, 1796, vol. ii., part 4, pp. 391-466.

Mr. President, it is not without regret that I bring this grave indictment against a large and dignified body of men, members of a learned profession. But that it is not extreme, that I have not been too severe in my strictures, I would present evidence that will appeal to the intelligence of my hearers. But yesterday I read in the columns of a great metropolitan daily published in a neighboring city, these words:

"Some of our good friends among the 'regulars' seem a little disturbed at the amount of news we are giving the Homœopathic Congress at Atlantic City, and one of them writes us to know if we are the organ of homœopathy. The *Inquirer* is the organ of no creed, sect, party or society. It is a newspaper in every sense of the word. It gives space to the Atlantic City Convention because it is news that is interesting to both the disciples of Hahnemann and to regular physicians also. The latter certainly want to know what their brethren are doing. When the 'regular,' or allopathic, physicians have a congress in this vicinity, we shall with pleasure pay equal attention to their proceedings." \*

This exhibition of intolerance and bigotry may be worthy the days of the stake and the fagot, but it is unworthy the days of the Stars and Stripes. It has no home in this country, and with the memory of the *odium medicum* fresh in our minds we may be assured that it has no home in the country that breathes the spirit of the English Magna Charta.

It is not for me, Mr. President, to characterize this in the language it deserves. It has already received sufficient rebuke from one who, in his editorial capacity, is a representative of the people, and the verdict of the people is that there shall always be fair play and freedom of opinion. In an appeal to the people the verdict is always in our favor. The one exception to be made is in respect to the members of the old-school profession; in this particular they must be excluded from the ranks of "the people."

The spirit of intolerance that has prompted one member of that profession to protest against the publication of the proceedings of this great congress in the columns of the daily press is the same spirit that has led their entire number to treat homœopathy as if it had no rights in literature that they are bound to respect.

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\* *Philadelphia Inquirer*, June 21, 1891.

### THE INFLUENCE OF HOMŒOPATHY UPON RECENT MEDICAL PRACTICE.

While, as already indicated, homœopathy has had a marked influence upon the literature of the old school, a consideration of the available evidence goes to show that a different verdict must be rendered in respect to its influence upon their practice. That homœopathy has had the effect of compelling the school of traditional medicine to abandon to a great extent its harshest measures, and to reduce somewhat the size of the dose, is true and well known; but that it has had the effect of causing them to substitute homœopathy for their former methods is a proposition that cannot be successfully maintained.

Homœopathy has modified old-school practice, but not in the direction of homœopathy.

I will present, first, what may be offered in evidence in support of this statement, and then attempt to account for the seeming anomaly.

If physicians of the old school have adopted homœopathic methods, evidence of it should be found in their practice. The records of their clinics and hospitals should reveal the fact. But they do not. Investigation in this direction gives only negative results.

To a homœopathic physician who spent six months in attendance at the New York Post-Graduate Medical School and Hospital I put this question: "Did you, while there, see any instances of the homœopathic treatment of disease?"

His reply was: "During the time of my attendance at the school, covering a period of six months, not one homœopathic prescription was made by any one connected with the institution."

I put a similar question to another physician, now a prominent member of our school, but raised in the faith of the old school and educated in their institutions. He received his degree from the College of Physicians and Surgeons, New York, filled the position of *externe* to the New York Hospital, *interne* on the medical staff of Mt. Sinai Hospital, and house surgeon to the Chambers Street Hospital. His testimony is that in his entire old-school career he never, in college or hospital, in lecture or clinic, saw a homœopathic prescription made by any one connected with the various institutions that he attended.



Additional testimony of a like character I have obtained from other physicians who have been connected with various old-school colleges and hospitals in Chicago and other parts of the country. Their testimony, without exception, corroborates that already given.

All this evidence is to the point. If homœopathic methods are being made use of to any appreciable extent by the members of the old school of medicine, the fact should be revealed in such experience as that related. But no such revelation is made.

If the evidence that we seek may not be found in leading colleges and hospitals, let us search among the rank and file of their profession. With this object in view I addressed a letter to a physician practicing in a town in central Illinois, a graduate of Rush Medical College, Chicago, and one who practiced medicine for twenty years according to the methods taught in the institution in which he received his degree. I asked him if, from his experience and observation while practicing medicine in the ranks of the "regulars" for twenty years, he found that the members of that profession were, to any extent, making use of homœopathic methods. His letter says:

"My reply is emphatically, *No*. Of all my acquaintances among the 'regulars' I do not know a single one that ever studied homœopathy, or even knows what it is. With very few exceptions, I believe this to be the condition of 'regulars' everywhere. How, then, can they apply the principles of homœopathy in their practice or adopt a system of which they are totally ignorant?"

Let us seek elsewhere. In 1889 Dr. John Aulde, in the columns of a widely-circulated old-school journal, gave his confrères an unusually intelligent lesson in the use of *Rhus tox.* in the treatment of rheumatism. And yet evidence is wanting going to show that his "new" treatment was adopted. A thorough search of the periodical literature of the old school covering the past two years fails to bring to light a single instance of the adoption of his method by others. There are many reports of the treatment of rheumatism by the salicylates, pilocarpine, phenacetine, antipyrine, cascara sagrada, and other drugs, but *Rhus* is never mentioned.

Let us turn in another direction. If the old school is making any practical application of homœopathy, no better opportunity ever presented itself than was offered by the recent scourges of epidemic in-

fluenza. The disease fairly invited comparison of the similar remedy, and, in the hands of homœopathic physicians, was successfully treated with Gelsemium, Eupatorium, Arsenicum, Bryonia, Tartar emetic, and other well selected remedies.

Not so the old school; in the treatment of this disease they brought to bear the most active measures taught by antipathy, empiricism and "physiological medicine." Dr. Roberts Bartholow, who bears the reputation of being possessed of an unusual amount of knowledge of homœopathy, early in the course of the first epidemic promptly issued a manifesto to the members of his profession, instructing them in the means to adopt in its treatment. Here are his instructions:

"Secure immunity by the inhalation of sulphurous acid gas daily, and by taking five grains of salicylate of cinchonidine three times a day, and also quinine as a prophylactic. When the attack has begun give one or two grains of calomel at night, inhale some sulphurous acid gas; and sit in a room where steam containing eucalyptol can be inhaled in large quantity. The insufflation of resorcin is also to be recommended. The internal remedy most desirable is atropine in solution, one grain to one ounce of water, dose from one to five drops. The tincture of belladonna may be used, from one to ten drops twice a day. For the distressing headache, etc., antipyrine, acetanilid, phenacetin, and other germicides and antiseptics."

At the same time the editor of the *Medical Record*, for the benefit of his readers, thus sums up the most approved method of treatment of the disease:

"The remedies which have found most favor are laxatives, anodynes, antipyretics, and tonics, with stimulating expectorants. For the headache, antipyrine, and the bromides; calomel and the salines as laxatives; quinine in tonic doses, in the latter stages."

It is not necessary to multiply instances of this character, which might be done indefinitely. Enough has been presented to justify the claim that the members of the old school of medicine are not making use of homœopathic methods in the treatment of the sick.

#### CONCLUSION.

In the light of this review, a remarkable spectacle is presented. The great school of traditional medicine is in close contact with our

own. Homœopathy is placed within their easy reach. Some of their most eminent teachers of materia medica have shown a disposition to investigate the subject. And yet, in spite of all this, there is failure on the part of the members of that school to make practical application of our therapeutic methods. Such a seeming anomaly calls for explanation. This, it seems to me, is not hard to find. It lies in the fact that the old-school physician attempts to practice homœopathy empirically. This it is impossible to do. There is no royal road to our therapeutic methods. The empiricist tries to find one, and fails. He then abandons further effort.

If homœopathy were capable of empirical application in practice, the old school would have taken complete possession of it years ago.

Their failure in each case is due to want of the knowledge that will enable the experimenter to differentiate the remedy and to "individualize the case through close analysis of symptoms." No one but a homœopathist is capable of doing this. When Dr. Horatio C. Wood made an attempt to test the virtues of *Rhus toxicodendron* in the treatment of rheumatism, he gave the remedy, as he says, "in all forms and doses," to "a large number of cases of sub-acute, chronic, and acute rheumatism," and found it "uncertain in its action, giving no definite results."

Of course he found it so. He tried to practice homœopathy empirically, and he failed.

Even Dr. Wilde, who has learned, and has tried to teach his colleagues, that *Rhus* is especially adapted to those cases of rheumatic inflammation of the fibrous structures in which "the pains are usually worse while at rest," has made no impression on the members of his school. He presented them with a quiver containing but a single arrow. When that is let go, the quiver is empty. For those cases in which the symptom named is wanting, he made no recommendation, he suggested no other remedy.

To give *Rhus* for rheumatism, *Aconite* for fever, *Cactus* for "heart-disease," is not homœopathy. It is empiricism. But, in a given case, to differentiate between *Rhus*, *Bryonia*, *Actea*, *China*, *Colchicum*, *Kalmia*, *Mercury*, and a dozen other remedies, and to apply the one adapted to the individual case, this is homœopathy. But this is what no old-school physician ever does.

In calling to mind the gleanings from recent medical literature presented in the fore part of this address, to some it would appear to

be inconsistent now to make the claim that the old school is not applying our methods in practice. But still I insist that it is true. I submit that, as a school, they are making no general use of homœopathy. This, I think, none will deny. Further, then, I submit that the few individual members of their profession who are supposed to be doing so, are unjustly accused. They are not guilty. They are not practicing homœopathy. It is a spurious homœopathy that they affect. To give Cactus for "heart disease" is not homœopathy, and this is as far as their knowledge goes. Thus it is that no member of the old-school profession, who so remains, is to-day making an intelligent and systematic use of homœopathy.

In practice our methods are as safe from their unacknowledged appropriation as if our rights were guarded by statute law, for the reason that they have not learned the true secret of the successful homœopathic prescription—the differentiation of the remedy and the individualization of the case. This is done by no one recognized as an old-school physician. Nor will it ever be, for whenever one of their number goes so far, he ceases to be an "old-school" physician. From that moment he is a homœopathist, and we may claim him as our own. He is lost to them forever.

Soon this man makes a confession of faith, he avows his belief, and swears allegiance to Hahnemann. Each year their number equals the combined number of graduates from all our colleges. In this way are our ranks recruited.

#### DISCUSSION.

W. H. HOLCOMBE, M.D.: I have been requested to supplement the paper of Dr. Gatchell by some remarks, but his treatment of the subject has been so able and exhaustive, that really I have little or nothing to say. The homœopathic idea is exceedingly ancient, as old, indeed, as Hippocrates, the father of Greek medicine. He said that diseases could be cured by methods allopathic, antipathic, or homœopathic. Homœopathy, that gleams along through all the ages by flashes of light in the prevailing darkness, was brought to complete expression by the genius of Hahnemann. To obtain a true pathogenetic idea of drugs by experimentation upon the healthy system, to compare the pathogenetic effect of drugs with the natural and spontaneous symptoms of disease, and to discover that the cure of disease depends upon the selection of a remedy according to the law *similia similibus curantur*, this was the work of our Hahnemann, and not of Hippocrates. We are all delighted when we see the ap-

proximation of the old school to ours; but as Dr. Gatchell has very ably observed, they are only approximations because they are attempting to employ homœopathy empirically by using, for instance, Phosphorus to cure pneumonia, or Rhus for rheumatism, or Belladonna for headache, etc. When one reads in the pages of Ringer, for example, the great allopathic authority, a very fair description of the pathogenetic action of drugs, he is inclined to the belief that these allopaths are teaching homœopathy; but it is not so. When the allopath reads the description, he is thinking to himself "what use can I make of this drug as a purgative, emetic, sedative, or alterative?" Of what use is it to him to be told that Colocynth will produce a severe pain in the sciatic nerve. He would never think of giving Colocynth in sciatica, because his fundamental idea of the application of drug to disease is wrong,—is erroneous. No. He must first learn the truth of the homœopathic law; the lesson of differentiating one drug from another: the importance of individualizing one case from another; and the great efficacy of the remedy administered in infinitesimal doses. In my opinion, the infinitesimal dose is the greatest objection or hindrance to the recognition of the merits of homœopathy by the allopathic school. They are so incredulous of the power of small things, that you can make no impression upon them whatever. Years ago one of the most distinguished allopathic physicians of New Orleans said to me: "Doctor, I was called to day by a friend of mine to a case that had been nearly killed by your great Samson of the homœopathic practice, Aconite." "Ah," I said. "Yes; my friend gave it in a case of fever, and the man was reduced to a terrible state of prostration, and he liked to have died. I was called in consultation, and it was with great difficulty we could rally the patient." "Ah," I said again, "do you happen to know what doses he gave?" "Yes; he gave five drops of Fleming's tincture every hour for several hours." "Well," I said, "Doctor, when you are intent upon wielding our thunder, learn how to use it. The uninitiated should never trifle with the thunderbolts of Jupiter." Again, in the great epidemic of 1878, the President of the Board of Health, a very eminent allopathic physician and surgeon, came to me and said: "Doctor, I know you are doing a very large practice, and as President of the Board of Health I know that you return very few certificates of death. Now this being so, I would like to know how it is that you reduce that awful high temperature of yellow fever." He said: "We give Quinine in large doses and it does it, but the man dies. We give the Hydrate of chloral in great doses and the temperature is reduced, but the man dies. We have even used the ice-water spray on the skin and brought down the temperature and pulse, but still the man dies. Now, how do you reduce this high temperature?" Said I: "Do you ever use Aconite?" "Some; not much

in it." "Did you ever use it at the third attenuation, at the dose of about one-millionth of the drug?" Oh, no, of course not; he never had. But it shows that incredulity of the power of small doses is the great bar to the acceptance of homœopathy in the allopathic mind. Their approximations to homœopathy are all made on the empirical line, and that amounts to nothing. No allopath can ever realize or utilize the blessings of homœopathy until he abandons his theories and practice and adopts ours.

CHARLES GATCHELL, M.D.: In pursuing the investigations that led to the preparation of this review, I was struck with the fact that I found, in all literature, but a single instance in which one whom I supposed to be a member of the old-school profession had really arrived at the true secret of homœopathy,—the differentiation of the remedy. In order to render the subject complete, it is well that you should have the benefit of the knowledge that I have since gained, which is that the one referred to, Dr. Percy Wilde, is, in fact, an avowed homœopathist.

It is well, also, for me to add, in this connection, that the first edition of Dr. Hughes's work on *Pharmacodynamics* appeared in August, 1867. Two years later, in 1869, Dr. Ringer's paper on "Aconite" first appeared. It follows closely the article upon that drug by Dr. Hughes.

It is unnecessary for me to say more. I have indicated the leading point in my argument: that as soon as an old-school physician receives the light, as soon as he learns the true secret of homœopathy, he immediately ceases to be an old-school physician and becomes a homœopathist. There are such men scattered throughout this audience; there are such men all over this land; and the investigations that I have pursued, so far as it is possible to obtain data on the subject, convince me that the number of converts of this kind each year equals the entire number of graduates from all our colleges. This important fact would indicate the necessity of our maintaining our present attitude and preserving the distinct organization of our school.

The dominant school has no advantage over us except the advantage of numbers. They are more numerous. But I have learned that heathens are more numerous than missionaries, yet I believe that it is given to the missionaries to convert the heathen,—not the heathen the missionaries. These converts to our system are the ones who are swelling our ranks, and thus is homœopathy receiving many of its new recruits.

## ADDRESS.

BY HENRY MINTON LEWIS, M.D., BROOKLYN, N. Y.

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## TRAINING-SCHOOL FOR NURSES.

THE trained nurse has become so important a factor in the care of the sick, that some consideration of the requirements of the position may be worthy of your careful consideration.

The advantages of such *educated* care are too obvious to admit of discussion or to call for enumeration.

The graphic presentation of symptoms the capable nurse gives in her daily report is, in a sense, better than the doctor's own observations, for it extends over a greater time than he could possibly give, and is free from the bias inherent in solicited symptoms.

Let us briefly consider the essential qualifications of the ideal nurse:

## GOOD HEALTH.

No occupation is likely to be more taxing of the physical resources.

It is not only necessary that the nurse should be able to stand this strain, but for her own sake and her patient's she must not too seriously feel it. No one with a throbbing head, or an aching back, or a nervous system all unstrung, can properly minister to the sick. No matter how willing the sacrifice, when it is a sacrifice it ceases to be of the highest order of efficacy. The ability to stand the prolonged strain of watching by the sick day and night seems to be a gift peculiar to women.

Again, the life of a nurse renders her peculiarly liable to diseases of a contagious character, and it is but reasonable to suppose that an exalted type of good health will lessen in a degree this danger. To have passed successfully through a personal experience with the commoner forms of contagious disease is certainly an advantage. Several experiences wherein my nurse has contracted scarlet fever or measles from her patient has impressed this on my mind.

It is worse than useless for a woman to essay this profession whose menstrual epoch is of such a character as to unfit her for work three or four days out of the month. Incipient tuberculosis that might be held in check, rapidly makes way under the exhausting duties exacted by this work.

Nervous phenomena, that in a tranquil life at home, or in ordinary household cares might tend to self-cure, grow unbearable in the continued atmosphere of the sick-room.

Besides these graver matters, there are variations from health that are perhaps more annoying to the employer than to the nurse herself. She should at least be comely in appearance, not distressing on account of her ugliness. And such she may be by reason of eruptions on the skin, scars of scrofulous origin, foul breath due to bad teeth or disordered digestion, offensive sweat, disagreeable habits, tricks of the features, sonorous snoring, etc. These are not fancies of mine. One very estimable and well-trained nurse I know is never employed a second time in a family because of her atrocious snoring, and I have reluctantly left her name off my list of availables.

The nurse must have good eyes, good ears, and a good sense of smell.

She should present a picture of good health that her patient may take as a sanitary standard.

#### GOOD SENSE.

Perhaps there is no pursuit in life where this combination of qualities is to be despised; there is certainly none where it is more desirable than in a nurse.

She has to deal with the sick and the well, with people whose natural selfishness, natural timidity and inborn distrust are a hundred-fold intensified by disease or sympathy. I class together the invalid and the friends, for not infrequently the latter are more intractable and unreasonable than the former. Human nature at its best is extremely imperfect, and under such disturbing conditions, those who are ordinarily kind and considerate and unselfish, become not a little lower than the angels but only a little higher.

This state of affairs is natural, more or less universal, and if not to be approved must at least be accepted gracefully. It requires a high order of good sense to do this. No woman of narrow views, prejudiced mind and selfish instincts but must stumble at this the



first obstacle she encounters in her practical work. She must be practical, not going to her work exhilarated with an idea that she is to be a "ministering angel," etc., *ad nauseam* (the frothy addresses usual at commencement exercises would lead any but a woman of sound judgment to this fatal mistake), but actuated with an honest purpose to do her best and earn her wages. She must not be emotional, her spirits rising and falling with her patient's temperature. She must be discreet; able under a calm exterior to hide even well-grounded apprehensions.

She must be observing, acutely so; and when she meets the physician in charge of the case, be prepared to give him an account of the patient during his absence, which shall leave no important particular unrecorded and yet not be made useless with a mass of unessential and inconsequential detail.

She must be firm to insist on what is right, and yielding in matters of no moment.

This is to have tact, a sort of refined and sublimated common sense that is the very vital spark of successful nursing, a thing as impossible to describe as the odor of a flower, the bouquet of good wine.

She must be honest. I advisedly class this as one of my subdivisions of good sense.

Honest in the sense of being sincerely desirous of earning her pay.

Honest in the sense of bringing to that work the best equipment it is possible to attain.

Honest in the more refined and difficult sense of going from house to house, becoming the custodian of infinite delicate matters, and yet never being a tale-bearer nor a scandal-monger.

Should I attempt to completely enumerate even the various items that go to make up "common sense" I should take up too much time. I remember an old professor of physics who used to say that light was a very dark subject. So I say that common sense is *uncommon* sense.

#### GOOD EDUCATION.

The time a nurse spends in a hospital and training-school is none too much for her instruction in the specific requirements of her profession, and she ought to commence this particular training sufficiently well grounded in such studies as are pursued in our best

schools to enable her to receive the most benefit from the teaching in the hospital, whether it be lectures or bedside instruction. It is not enough that she be intellectually bright and anxious to learn. The faculty of receptiveness is peculiarly subject to development, and that development should have taken place before she commenced the study of nursing. In our own school I have noted with peculiar interest the different rates of progress made by trained minds and by those whose natural endowments were perhaps equally good but who had not received the benefit of systematic instruction. It is our custom to keep an account of the earnings of each nurse while she is under our direct supervision, and, as an investment, the cultivated, educated woman *pays*. Further than this, I know, as a result of much observation, that after the nurse has left our tutelage and enters the battle of life for herself, her cultivation and education pays her. The discipline of the mind establishes principles and regulates the heart. It gives breadth and power of self-repression. The refined and educated woman dignifies her calling. Her tasks are often such that her polish is necessary to her self-respect. She must be the loved and trusted helper in the agonies of birth and death, and she must empty slop-jars and make beds. She must in turn be mother, sister, mentor, confidant, and cook. No untrained intellect can be thus flexible. So much for generalities.

She must write plainly, that her records be readable. She must write well, that they be intelligible. She must read well. It serves to beguile many a weary hour, and lessens her own labour as it lessens the restlessness of the invalid.

She must know enough of mathematics to prepare solutions of a certain percentage of strength. She should have at instant command the tables of weight and measurement.

She must be able to talk well—talk intelligently, interestingly, finding no occasion to discuss her previous engagements for the sake of amusing her present patients.

The instruction received in the training-school, with such a preliminary equipment as I have outlined, will be intelligible. The lectures will be of service and, most of all, the daily experience in the wards and by the bedside will make a lasting impression that she will be able to profit by in the future.

It is not my purpose to give a detailed statement of the course of instruction a nurse should receive. I have no doubt that in all the

schools the instruction is ample. I have reason to believe, however, that in many cases the seed is sown on stony ground.

As to the matter of final examinations, we have found it desirable to constitute our Superintendent and her Assistant voting members of the graduating faculty. They are in constant contact with the student in her practical work and know infinitely better than we who lecture the capabilities of the applicant. Another reason: it gives an added dignity to the office and commands a respect and obedience that otherwise might, at times, grow slack. Perhaps no one item of our plan has been the cause of more internal discussion than that which reserves our definitive diploma until two years after the nurse has left the school. We hold that, as the public are the ultimate employers, they are entitled to a voice in commendation or disapproval of their employees; so our nurses are required to report quarterly to the Superintendent, giving references from all the cases where they have served, and these are carefully scrutinized and investigated, when necessary, by the Training School Committee. We find that some excellent nurses in the school are exceedingly unpopular outside. And the reverse of this is also sometimes true. Some develop a peculiar talent for institution work, but fail when left to their own unassisted guidance.

This naturally brings me to another point I wish to speak of. There ought to be a *normal* school for nurses—a place where they should be taught to teach others; taught to take charge of hospitals and training-schools. The demands made on our own school for material of this quality is far greater than we can supply. As it is at present, there is no way in which particularly competent pupils can receive this especial training except at the expense of their sisters.

In English training-schools there are two classes of nurses, the one trained with a view to make them efficient in their profession which they expect to follow as a means of gaining a livelihood; the others to be not simply trained nurses, but to have charge of hospitals and other training-schools, and to do missionary work. The first are recruited from the tradesman class, while the cultured aristocracy fills the ranks of the second, and positions in this higher grade are eagerly sought and well paid for. The constitution of society in this country would scarcely permit of a similar system. It would be practicable, however, to organize a post graduate course of instruc-

tion wherein each year one or two nurses who have shown unusual aptitude might be retained in the school for an additional term, during which time they should be especially instructed with a view to fit them as teachers and superintendents.

It is a radical defect in our system that the teaching faculty determine the nurse's competency to receive a diploma. It is no argument to say that the medical schools are similarly remiss. The time is coming when it will be different here, as it is in other countries.

I thoroughly believe that nursing is soon to be a learned profession, and I wish to help that consummation.

To attain this object there should be a dignity and value to the diploma. It should carry with it as many privileges and immunities as the diploma we possess gives us over the practitioner who has no license and who defies the law.

There should be a *degree* with the diploma, and to assume to practice as a trained nurse without such degree should render the fraudulent claimant amenable to law.

It has occurred that a patient in our wards has recovered and gone out, claiming to be a graduate of our school and wearing its distinctive uniform.

The higher we make our standards, the better class of material will come to our schools.

The more exacting our curriculum the more valuable our diploma.

Is it not within the power of this body to take such action looking toward legislative enactment as will place this whole matter on a basis so sure and strong that in the future no time-hallowed and traditionary blunders will stand a bar to unlimited progress.

#### DISCUSSION.

JULIA HOLMES SMITH, M.D.—In listening to this paper, it occurs to me that the suggested requirements for a nurse would be somewhat on the order of a demand for

"A perfect woman nobly planned,  
To warn and comfort and command."

Verily, such are rare indeed. Those of us women doctors who have tried to live up to this ideal—not, indeed, as nurses, whose trials far exceed ours—know that we have many times failed, and made mistakes—many of them, and yet how hard indeed to be condemned because absolute perfection is not had.

To my mind, the requirements for a "probationer" in the school for nurses are: 1. Good health; 2. Common Sense; 3. A pleasing presence; 4. A desire for the nurse's work above all others; 5. A good common-school education; and 6. A *well-modulated voice*. Given these as a ground-work, it is possible to raise such a super-structure of culture as shall eventually, in each sick room where the nurse goes, make of her presence a helpful comfort through the course of the disease, a tender consolation in the hour of death, if such contingency arise.

The allusion in the paper to what we should teach our nurses, and the best plan for faithful observance of homœopathic methods deserves careful attention. The day has gone by when "homœos" are spoken slightly of in our "Illinois Training-School for Nurses." We have Cook County Hospital for our nurses, and as regulars and homœos are of equal rank the nurses are interested and observant of the different methods, and obey the doctor, whatever his "pathy."

Dr. Lewis's plan for a normal school which shall furnish our superintendents and their assistants is an admirable one. Many nurses practice well what they cannot tell others how to work out, and the possibility of becoming a member of a post-graduate class might be held out as an inducement to higher scholarship and more faithful mastery of the duties of the nurse. I shall speak of this plan at home.

Beyond this, it behooves doctors to be more appreciative of their nurses, and use all possible influence to make the patient and families value skilled service properly. A nurse is neither mistress nor maid, but occupies a middle place, often taking the head of a house and necessarily assuming responsibilities in important directions, and proper respect should be had to one so placed. It requires great tact on the part of the nurse never to overstep the bound.

Another point I wished to make is in favor of rapidly increasing the number of nurses, and also of grading them. In one class there will be ladies who can adorn any sphere, and whose service in the highest and lowest duties of the profession is worth the highest possible price, and others who obey orders, have willing hands and hearts, yet are incapable of originating plans and entirely unfit to while away the tedious hours of convalescence by cultivated conversation or pleasant reading. Such a woman should have no right to the high fee of twenty or twenty-five dollars. With her diploma a rank could be given to each nurse, and the patient's circumstances would decide which he could afford to have. A sick man on a salary of one hundred dollars a month, who has a family to support—God knows there are many more such than millionaires—such an one, I say, surely needs the service of a trained nurse, more even than those who can command a dozen servants, and yet where will the money come from to feed his family when he pays out all his income to the

nurse for a month's care? I wish all who are interested in training-schools for nurses would look at the question from this point, and favor, so far as possible, the graded system, which is surely just, and encourage the formation of post-graduate courses or normal schools for trained nurses, where they can be trained for the highest possibilities in our hospitals and schools.

JOHN L. MOFFAT, M.D.: As a matter of self-protection, aside from the benefit to our hospitals and the community at large, we should strew the land with homœopathic training-schools for nurses. On several occasions my patients have told me that the nurse (with whom I had been well satisfied) had been endeavoring throughout the sickness to influence the patient to have allopathic treatment. I have had graduates from allopathic training-schools administer on their own responsibility purgatives and even digitalis, sometimes not even telling me of it themselves. My experience, which embraces nurses from two homœopathic and four allopathic training-schools, is that ours, as a class, are not only better trained, but they are more lady-like, intelligent and efficient. We need fear no competition. In very many instances our graduates have been preferred to all others by eminent old-school physicians and surgeons. In Brooklyn we have recently enlarged our hospital, and the larger class of nurses which we can now accommodate benefits the treasury in a very noticeable manner.

J. T. COOK, M.D.: My experience is very much like that of Dr. Moffat, and in many respects I agree entirely with him. On one point, however, I differ with him, and that is in regard to homœopathic trained nurses. I think a nurse is, or ought to be, a nurse, wherever she may be trained, and the nomenclature to me seems unfortunate and uncalled for. That our school of medicine should recommend nurses specially trained for our work goes without saying, but there should be no line drawn against the nurses of other schools. Our school has never taken the stand before the public which it ought to take, and never will until we have shown our own surgeons performing any and all operations, so as to make us command the respect of the public. Now, from my own personal observation, I would say that this is quite as important as the other—I refer to the matter of nurses and hospitals. I do not believe that we should add any unfortunately considered distinctions to the nurse, nor should we insist upon that distinction from any other school of nurses. We must prove ourselves enlightened and advanced, and not tie ourselves down. You have already produced surgeons and doctors whose equal cannot be found in any school; now let us do the same with our nurse training-schools and turn out No. 1 nurses. That we can do it has long since been established. That we cannot trust implicitly the nurses that come into our families from old-school hospitals I also know full well, but I

believe that is a matter of the nurse more than the school. I can quote also some personal experiences similar to Dr. Moffat, and from this I draw the not unnatural deduction that a nurse from our own hospital is to be preferred, everything else being equal, because better qualified to administer our medicines and trained in a peculiar way to observe symptoms differently, and apt to be more attentive to the necessary details which the homœopathic physician requires in making up his estimate of the patient's case; yet I have had graduates from the old-school hospitals prove equally careful and considerate. So I desire to make the point, that because a nurse is a graduate of an old-school hospital ought not, of itself, to debar her from attending our patients. I have had many pleasant compliments from the old-school physicians upon the thoroughness and fine training of our homœopathic hospital nurses. Some of the nurses from the hospital with which I am connected—a hospital with but forty-five to fifty beds—have gone to Brooklyn and taken care of confinement cases under the direction of old-school physicians, receiving not only praise and pay, but the statement was made to the families, that such nurses were not only equal to, but superior to those that had been graduated in the city of New York. So I repeat, now that we have demonstrated that we can produce physicians and surgeons of a superior order of merit, let us go on in the same way with our training-schools for nurses, until they also shall bring us prominently before the public for their excellencies.

D. H. BECKWITH, M.D. : We have a training-school for nurses in Cleveland. Three years ago we started the training-school for nurses; last year we had one hundred and thirty applications for nurses. Our superintendent is a lady of the finest qualifications, highly educated, and a lady in every respect. Out of the one hundred and thirty applications, she selected forty. We take everything into consideration for the making of a perfect nurse, as has been read from the paper, and as has been shown in the discussions which have followed. These forty were placed on probation for one month; and after that there were only seventeen selected to remain in the training-school. We require two years education. They are a portion of the time nursing outside of the hospital. They earned for the hospital \$600 from outside work the past year. We have connected with that training-school another band or organization of fifty young misses, who call themselves the Nightingales. These little ladies have parties, lawn fetes, and many other entertainments, where money is solicited and gathered for the hospital and for the nurses; and the nurses are furnished with their regalia, and presented at their graduation with a beautiful badge, which this year was a beautiful gold medal badge. The graduation exercises are public, and the last one occurred over a month ago in a prominent hall, and was attended by several hundred ladies and gentlemen.

So far we are very proud of our training-school and of our nurses, and we think they are second to none. There is one thing that I must allude to that was mentioned in the paper, namely, that a nurse must be a good reader. I think it is still more necessary that she should be a good listener. That is one of the most important accomplishments of a nurse. So far as the practice is concerned, we have enough of our trained nurses to supply most of our patrons, as we are the only training-school in Cleveland. Our nurses are now sought for by the allopathic school. They are taught most thoroughly to respect the physician regardless of schools, and I don't think the question of schools ever comes up in practice. I believe that a good nurse is an invaluable aid at the bedside, and she ought not to be restricted in the school of practice which shall graduate her. A nurse's duty is to obey the instructions of the physician who has her employed. I believe nursing to be one of the noblest missions on earth, and one that should be well rewarded by those who employ them.



## ADDRESS.

BY A. R. WRIGHT, M.D., BUFFALO, N. Y.

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HOSPITALS—THEIR HISTORY, CONSTRUCTION, MAINTENANCE,  
MANAGEMENT, ETC.

DURING the last twenty years considerable has been written on hospitals, but much of the material is in reports and journals, leaving the available literature quite meagre. Had we attempted to include all details on hospitals, this paper would have greatly exceeded the prescribed limit. Hence the omission of many points of seeming importance. After a brief reference to the history of hospitals, we will take up the various objects, the lot, the building, its internal arrangement, maintenance, etc.

The Bethesda of Scripture seems to be the first intimation of a hospital, and this was probably nothing more than a collection of sheds built round the pool to whose waters miraculous healing powers were attributed. Grecian history gives no account of hospitals, neither does Roman up to 370-80 when one was founded by Valeus in Cæsarea, and one built at Rome by Fabiola. Both these were probably almshouses as well. The origin of our present hospitals is found in the monastic arrangements for the care of the sick and indigent. Each monastery had its infirmary. In time, separate buildings were erected for the sick and helpless dependents. The earliest distinct record of hospital building in England is about 1080, when Lanfranc, Archbishop of Canterbury, founded one for leprosy, and one for ordinary diseases. During the mediæval period, the priests established a Hotel Dieu in each great city in France. But this was for other unfortunates as well as the sick poor. Up to the time of the Reformation all establishments for the sick remained in the hands of the clergy. At this time a change took place, and of the institutions appropriated from the clergy to the hospital service entirely, there were in London, St. Bartholomew's, St. Thomas' in the Borough, Bethlehem, or Bedlam, Bridewell and Christ's Hospital. The

eighteenth century gave the great impetus to hospitals during which time fifty were founded in Great Britain. The unsettled political condition of France prevented the establishment of any great number in that country. As a result of the higher civilization and practical Christianity of the nineteenth century, these beneficent institutions have multiplied rapidly throughout all the civilized world. We omit statistics, as the purpose of this paper does not require them.

The general object of a hospital is the better care of the sick and unfortunate poor. The military army and navy hospitals are managed and supported by the general government. The marine in most countries by the general government, and maintained by a tax on the mariner. Hospitals for the insane, the blind and the feeble-minded are very properly built and maintained by the State.

In the medical centres, especially of Europe, prominence is given to the clinical hospital for general and special diseases. These clinical hospitals are indispensable for good medical instruction and usually have some medical school connected with them which controls, to a certain extent, their construction, management and maintenance. We will confine our discussion to matters of the general, municipal or vicinage hospital, which may or may not be for clinical teaching. We also leave the details of heating, ventilation, drainage, sewerage, and general construction to the architect and sanitary engineer, and restrict ourselves to subjects on which the medical profession generally are obliged to act.

The first requisite in the initial movement for a hospital is the harmonious and united support of the physicians interested. In some of our states, and in some of Europe, liberal grants have been obtained from legislative bodies. In New York State no such grants are allowed. It builds only the eleemosynary institutions over which it shall have subsequent control. While we believe the maintenance fund should be supplied by the masses, the building fund naturally appeals to the wealthy. A judicious appeal backed up by the physicians and board united will usually meet with a generous response. The soliciting committee should not be modest in making large demands on the capitalists and manufacturers. Yet per contra to this, we note the great success of a religious denomination which has founded its hospitals on the massing of small sums persistently increased. Beginning with the infirmaria of the monas-

tery, and the Hotel Dieu of France, and continuing to the modern hospitals, these faithful people have perhaps established more hospitals than all the rest of Christendom.

As examples of large giving, we note some munificent foundings of public scientific institutions by bonanza kings of California, the Johns Hopkins Hospital, the Scranton Hospitals, Cornell University, the Vanderbilt gift to a medical college, Grace Hospital of Detroit, the R. P. Flower and Laura Franklin of New York, etc., increasing to a number that does credit to the hearts of the wealthy class. If the large benefactions in this country continue for the next fifty years as they have in the last decade, we shall be amply supplied with hospitals. We would here suggest that physicians pursue a systematic course to interest wealthy men who are likely to make bequests, that they may remember the building or endowment fund of the hospital. Here we submit a point, which is, that no public institution should take the name of the donor unless he equips and endows it entirely, of which we have had recently some cheering examples. If he wishes to make it his memorial by bearing his name, he should make it self-sustaining for all time. We know of some institutions with the founder's name, which without full endowment are now lingering in inanition. Giving to them by others, seems like completing a stranger's monument. Nor do we believe the city hospital not clinical, should bear in its incorporation the name "homœopathic," "Hahnemannian," or any other indicating sectarianism, especially if it be the only hospital in the city. While it is eminently proper that the teaching body, the college or medical society should indicate the belief and practice, the hospital being an eleemosynary institution and appealing to the whole community and often to the municipality for aid, would naturally appear better with a non-partisan label. This is not inconsistent with a proper requisite in its constitution that the homœopathic practice shall always be maintained within its walls.

As soon as possible after the founding of the hospital, it should be incorporated under the laws of the State.

*Lot.*—In the selection of this, ample provision should be made for *air* and *light*. These being so necessary to the healthy are doubly so to the hospital tenants, and to successful hospital work. A spacious lot is demanded. "It has been laid down as an axiom by the surgical society of Paris in 1864 that the clear space in which

a hospital should stand, should not afford a less area than nearly 540 square feet to each patient; that is to say, that a hospital for eighty patients should stand in the centre of an acre of ground; and they further said that the proportional area should be greater as the number of patients increases." \* At first thought, this seems like an exaggerated requirement, but under the head of "arrangement of buildings" it will be seen that such an amount will be required if sufficient air space be given around all the needed buildings. But in many of the large cities, the hospital buildings, notably the older ones, cover nearly all the ground, sometimes with the exception of a small court. City concentration may make this unavoidable, but in all cases a great effort should be made for a lot adequate to the best hygiene of the sick. One of the best endowments a hospital can receive is a lot so large as to assure a perpetual annuity of an abundance of light and pure air to every bed in every ward.

*Buildings, Temporary or Permanent.*—The argument in favor of the temporary is that when hospitalism, gangrene in wards, or foulness from effluvia is found dangerous, the building may be replaced by a new and safe one. This is humanitarian, but is it necessary? Morris says: "It must not be assumed that all the perils of what is termed hospitalism rests lurking in old buildings. . . . Hospital gangrene was found in one-story newly constructed barracks during our late war. . . . In one of the great London hospitals the largest death-rate was furnished by one of the wards recently added to the older structure." If the walls are thoroughly, solidly built and finished with no reasonable chance for cracking and no air spaces in them, and so perfectly finished that no foul effluvia may find permanent lodgment on them, destruction and rebuilding seem unnecessary. A proof of this is found in the old Pennsylvania Hospital, bearing the date on its front, 1755. These walls were so well constructed that they are now considered satisfactory, though one hundred and thirty-five years old. The army hospital must of necessity be temporary, but the city hospital, with all the present available means for perfect construction, should be so well finished in walls and interior work, that it may in effect be a permanent structure.

On *architecture* we shall encounter modern practice, for the local pride of a community usually demands that its public buildings

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\* "Hospital Construction and Organization."—*Johns Hopkins Hospital*, p. 181.

shall be architectural ornaments to the city. In hospital building, ornamentation must conform to the necessities of the sick inmates. Dr. A. H. Buck says: "A hospital should never be an architectural monument, and any excess of funds should be devoted to extending its means for practical work. Simplicity, almost severe in its character, should mark its construction. Ornament increases the original expense and requires continued care and work."

The hospital is dedicated to the care of the sick, and as a home for the sick it seems more appropriate that the exterior should have an inviting look to as great a degree as the size of the building will allow. On both inner and outer walls, all projections such as window caps, frames, etc., should be *light*, to avoid accumulation of dust and dirt, and nothing in the exterior should be allowed to interfere with the largest possible exposure of the wards to the sun and air. Dr. Stephen Smith says\*: "When we recall the fact that the largest success in the treatment of the most dangerous and fatal forms of disease is in the simple tent on the open field, we fully realize how vain, indeed, how criminal, is the expenditure of money in mere architectural extravagance." A safe architectural effect may be produced on cornice, chimney and ventilator tops and roof.

On *material* there is probably no dissent from the opinion that the walls should be of stone or brick, preferably the latter.

On the *size or bed capacity*. In the absence of any rule, we have an indication in the number of hospital beds in some of our cities. It was recently reported that New York City had one bed for every fifteen hundred of population, while some smaller cities have one to every seven hundred, or even four hundred. On this last ratio, a city of fifty thousand would require only seventy to a hundred beds, which we think inadequate.

*Arrangement of Buildings*.—Until quite recently the hospital consisted of a single structure, often placed on a small lot. Over one hundred years ago the hospital authorities of Paris began the discussion on pavilion hospitals, but it was not until 1854 that the first one of this kind, the Lariboisiere, was completed in isolated pavilions. The new Hotel Dieu is imperfectly pavilion; the new one at Menit-montant is also on the pavilion plan, but with numerous stories. The Blackburn Infirmary was the first pavilion hospital in England, and

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\* "Hospital Construction and Organization."—*Johns Hopkins Hospital*.

was built about twenty-five years ago; since that time the Children's at Pendlebury and St. Thomas' in London have been built, but the Herbert at Woolwich, and the new Royal Infirmary at Edinburgh are considered the best pavilion hospitals in Great Britain. The Frederichsheim in Berlin is also one of the best specimens of pavilions. In this country we have a few, notably the Charity of New Orleans, two in Philadelphia and Johns Hopkins Hospital of Baltimore. The block system deserves consideration, but it does not, from its arrangement, allow as free circulation of air and unobstructed light around the buildings as the pavilion system. Regarding this system, Florence Nightingale and Douglas Gatton, two good authorities, maintain that the distance between the pavilions should be twice their height, and Wylie, on *Hospital Construction*, says the area of the whole lot should be three times that covered by all the buildings. On the whole, the consensus of opinion of the best men on hospital construction at the present day is in favor of the pavilion system. The men also generally write in favor of two-story buildings, though Florence Nightingale says: "The most healthy hospitals have been on one floor only." Gatton makes substantially the same statement, but accepts the two-story plan by saying: \* "As a general rule, there should not be more than two floors or wards in a pavilion." We are considering a city hospital, surrounded by buildings two to five stories in height, and circumstances may force on us a small hospital lot and a building of several stories. Dr. Morris says; † "A city hospital must be adapted to the requirements of city life, and must be constructed on the same principles as the city itself." Hotels and flats for the healthy may be ten or twelve stories if properly built, but in the house filled with the sick a third or fourth floor would be in danger of fouling from the constant upward forcing of impure air from the lower floors; for any sanitary engineer will tell you that effluvia anywhere from cellar to attic is drawn as up a heated funnel, out through the roof.

The accompanying ground plan is a suggestive one merely, subject to modification by size of lot, number of beds, etc. For instance, if a lot only one hundred and fifty feet front be selected,

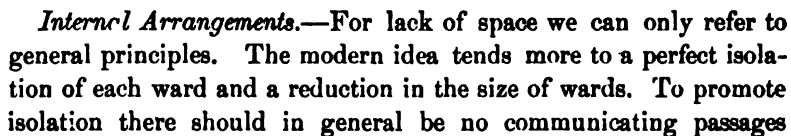
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\* *Construction of Hospitals*.—Gatton.

† *Hospital Construction and Organization*.—Morris.

### SKETCH PLAN OF IDEAL HOSPITAL FOR LOT 400 FEET SQUARE

DR. A. R. WRIGHT BUFFALONY.



between wards; staircases may be placed outside the principal pavilion wall, and double-valve doors placed at *all* openings into wards; the connecting corridors and staircases should be well ventilated and lighted. The new portion of Brompton Hospital, London, is cut up into wards of six beds only. Florence Nightingale shows that wards of this size would make the cost per bed of nursing about double that of thirty-two bed wards. She says: "A head nurse can efficiently supervise, a night nurse can carefully watch thirty-two patients in one ward." Trelat and the Surgical Society of Paris favor wards of fifteen to twenty beds, Hennen for the majority of purposes, twelve to sixteen beds; Pozzi, of Leghorn, fixes the maximum at forty. The floors should be of hard wood; the walls of neutral tint. Each bed should have one hundred square feet of floor, but the clinical wards, for students' observation, require one hundred and twenty feet, as in St. Thomas', London. For all the very important details of heating, ventilation, light, plumbing, sewerage, arrangement and fitting up of rooms for dining, operating, autopsy, private patients, nurses, laundry, administration, etc., we are obliged to refer you to standard works,\* and an intelligent building committee, to direct and supplement the architect's work. In all the arrangements, purity of atmosphere should be kept prominent; Mr. Simon, medical officer to the Privy Council of Great Britain, says: "That which makes the healthiest house makes also the healthiest hospital; the same fastidious and universal cleanliness, the same never-ceasing vigilance against the thousand forms in which dirt may disguise itself in air and soil and water, in walls and floors and ceilings, in dress and bedding and furniture, in pots and pans and pails, in sinks and drains and dirt-bins. It is but the same principle of management, but with immeasurably greater vigilance and skill, for the establishment that has to be kept in such exquisite-perfection of cleanliness is an establishment which never rests from fouling itself; nor are there any products of its foulness—not even the least odorous of such products—which ought not to be regarded as poisonous." On the same point Florence Nightingale says: "The very first canon of nursing, the first and last thing upon which a

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\* *Hospitals, Their History and Construction*.—Wylie. *Hospitals*.—F. DeCharmont. "Hospital Construction," in Buck's *Hygiene*. "Hospital Construction and Organization."—*Johns Hopkins Hospital*.



nurse's attention must be fixed, the first essential for the patient, without which all the rest you can do for him is nothing; with which, I had almost said, you may let the rest alone, is this, *to keep the air he breathes as pure as the external air without chilling him.*" In this connection, we briefly refer to the great benefit that may be derived from a convalescent hospital located in the open healthy suburbs of a city. Even the moral effect on the patient of being pronounced well enough for such a change is an important factor. Another valuable item is the hospital tent for cases of gangrene, severe burns, etc.; in the hospital grounds there should be room left for it. I believe we have yet to learn a great clinical use for the tent in protracted nervous diseases, chorea, hysteria and some typhoid conditions.

*Furniture and Furnishing.*—The tendency of the present time is to make all the rooms, especially those of private patients, as cheerful and inviting as is consistent with a good sanitation of the rooms. Heavy draperies and carpets are not admissible, but loose rugs on the hard-wood floor, and light drapery easily cleaned and disinfected, are generally safe. Flowers, pictures, light reading matter, pictorial papers, writing material, clerical assistance for patients to communicate with friends, and all proper means to relieve the tedium of confinement should be freely supplied. The *maintenance* of a hospital is a subject on which there is the greatest variety of opinions and practice. The most desirable for the managers and the delight of the staff is the endowment. But endowments are rare, and we must appeal to the generous public. It is eminently proper that hospitals for the insane, the feeble-minded, the blind, etc., should be in large institutions, built and maintained by the State. Most of them are dependents; they require a long course of treatment; it is better that they should not be often visited by friends. They are appropriately placed in large hospitals, in charge of skilled and talented specialists, with varied appliances for special care and nursing; but the unfortunate poor who are stricken with general diseases and accidents should have their hospitals as near their homes as possible, in their own city, and so give the good Samaritan and all the benevolent an opportunity to attend directly to the needs of the sick poor all around them. The city owes it to the State to give speedy recovery to all the dependents, and thus prevent the increase of chronic cases at public charge. Besides furnishing the

best professional care for a sick servant or employee, a well-organized and managed hospital offers every benevolent citizen a safe channel for his beneficence. The busy financier may make his large gift to the managers with the confidence that it will be dispensed in the most economical manner for the cure and comfort of the dependent classes. Our patrons should understand that they do not discharge their whole duty to the profession by paying their bills in full. While we give our valuable time and services to the hospital, they should see that it is well equipped and maintained. But it is through the faithfulness, zeal and Christian devotion of noble women that hospitals generally eke out their existence. These sisters of mercy seem never to weary in soliciting, sometimes in small sums, working hard for fairs, giving concerts and other public entertainments, sometimes failing, but never completely discouraged. There ought to be sufficient public spirit in the community to stimulate each person, rich or poor, to give from a sense of duty a certain sum annually. A maintenance fund supplied in this systematic way would lift a load of anxiety from the managers. We believe the Pittsburgh Homœopathic Hospital is essaying such a system, and we shall look with interest for its success. The results of the Hospital Sunday in London and New York encourage a trial of that scheme. The simultaneous union of the daily journals and the clergy with all the benevolent of the city in one general almsgiving would naturally increase interest in the hospitals as well as fill their coffers.

The *control* and *management* of hospitals have three distinct objects to accomplish; hence it is naturally divided into three distinct departments: First. The control of finance and the professional appointments; Second. The raising of funds for current expenses; Third. The disbursements and the daily care of the house and its inmates. The duties of the first are taken by a board of elective trustees or governors. Custom varies on the placing of physicians and women on the board. Social conditions and feeling only can decide the question. F. De Chaumont, one of the best writers on hospitals, says: "The medical staff ought always to be represented on the governing body as a means of preventing unnecessary friction." A vital point is that the lay representations shall be composed of business men of enterprise and prominence in the community.

The second duty demands continuous, trying work, as intimated above, and is almost always generously assumed by the ladies.

The third duty requires the most complex work. It demands constant care and supervision to meet the varied requirements in diet and all supplies, and prevent a needless waste and avoid friction. In hospitals of fifty beds this duty can generally be well taken by a capable committee of ladies directing an efficient matron, with entire charge of internal affairs not professional. In larger hospitals it may be necessary to have a superintendent, with assistants and a steward.

The details of professional work are numerous, but, without suggestion, we submit them to the good judgment of the local staff.

In conclusion, we earnestly insist that in all cities of 20,000 at least the homœopathic physicians of the city organize a hospital association and begin work at once for a building fund and a hospital. A well-equipped institution, be it college or hospital, will add greatly to the prestige of the profession in the community. If there be an allopathic hospital, you should move at once to keep abreast of it. If there be no hospital, take the initiative, and you will have the prestige of pioneer added to a better medicament.

#### DISCUSSION.

I. T. TALBOT, M.D.: I have been requested to open the discussion on this paper and have accepted the invitation, not unwillingly, for I think it is one of the most important, as well as interesting, subjects that can come before this Congress. The paper of Dr. Wright requires no compliments—it speaks for itself. It is an able epitome of the wants and requirements of a hospital, which every one who commences hospital work should read. The history of homœopathic hospitals is, to us, of great and noteworthy interest. In the year 1825 homœopathy had its commencement in this country, and scarcely twenty-five years before that it was unknown in Europe. From the first there was felt the absolute necessity of homœopathic hospitals to exhibit the effects of homœopathic treatment, and yet it is only within the last twenty years that hospitals worthy of the name, in which homœopathic treatment could be practiced, have been established in this country. In London there was early established a hospital which struggled along, but could not compete, either in its magnitude or its resources, with the larger hospitals of that immense city. In our own country we had secured little in the way of hospitals until about ten years ago, when there came a wave of interest upon this subject, which has given astonishing progress

to our hospitals since that time. It is something encouraging to look upon it and to glance over what has been done. I might speak of Pittsburgh, and say that ten years ago, when our Congress met in London, in 1881, Dr. Cooper had with him the plans of the new and extensive hospital then building, and he was thoroughly imbued with the importance of this work. I studied those plans with the greatest interest, and to-day we have the proud satisfaction of knowing that a hospital has been established there worthy of its name. New York has done noble work in the establishing of its hospitals. So also Brooklyn, Philadelphia—Philadelphia that had a school of medicine in 1848 and ought long ago to have had a hospital with 150 beds, has only this last year secured a hospital of which we may all be proud. Cleveland hospital goes back a little further, but it needs to-day a strong hand to take hold, and also a united profession. And that profession will there be united, let me predict, before another meeting of the Institute. (Applause). Detroit has one, given by the bounty of liberal-minded men, which has already attained the respect of the entire people of Detroit and Michigan, and, we may say, of the country. Let us go away from home, and at Melbourne, Australia, we find a hospital with which we may be more than satisfied. Again, we have in Liverpool that noble gift of a hospital to which Dr. Hughes has alluded, and to-day even London is waking up to the entire reconstruction and enlargement of its homœopathic hospital. There is no danger of the progress of homœopathic hospitals in the future.

I cannot refrain from speaking of our own hospital, in Boston. There, for twenty years, we struggled in vain until opposition in certain ways gave life to our efforts, and the attempt to crush out homœopathy, to place a stigma upon it, and to render the practice of it unworthy of any honorable physician, gave birth to the hospital, the germ of which had lingered without development for years.

A bold policy is needed in establishing these hospitals, and they should not be smothered by feelings of false modesty, or by inefficiency. Demand something that is good, something that is valuable, and the community will sustain you in it. If you ask for \$10,000 you may get \$5000; if you ask for a \$1,000,000 you may get \$500,000. In that spirit we went to the State legislature needing at least \$220,000 to enable us to carry out our hospital plans. We did not fix a sum and say we would take that or nothing, but we enumerated the wants of the hospital, placed facts and arguments before the committees and before the legislature, stating what we had done, and showed that it was a work worthy of Massachusetts and of homœopathy, and that it was demanded by the citizens of the State. We took the committee to see the work, and placed the facts before them, and let me tell you, members of this Congress, that the strongest friend we had in the legislature and on that committee was

an old-school physician. He said to them, "Gentlemen, I have been through that hospital. I have examined it from end to end, from the top to the bottom, and I tell you it is an institution of which Massachusetts may well be proud, and every legislator may be proud in his assistance of it." The largest grant that Massachusetts ever gave to any institution of a private character, \$120,000, was given to this homœopathic hospital. If we do our work well, no matter where we do it, whether in New York, Philadelphia, Boston or Pittsburgh, if we make good institutions and conduct them well, the government will come to our aid whenever needed.

One word as to the character of a hospital. I have been through hospitals for the last forty years, and have made a careful study of them. There are many abroad and at home that are dirty, barren, uncomfortable, unpleasant institutions, where you would not want to go yourself nor send your friends. Let every homœopathic hospital have in it sunshine and cleanliness—Godliness; let it be a *home* and surrounded by every condition which will make sickness more bearable. If, as we believe, there is much that is refining and elevating in homœopathy, we, as homœopathic physicians, should bring to bear upon the subject our best and most refined thoughts, study how to make our hospitals delightful to the inmates, and aside from skilful treatment, tender care and cheering visits, adorn the wards with flowers, and those surroundings which lead to happiness as well as health. Then it will be that other physicians, as well as those of our school, will say to their patients, as some do even now, "When you are sick, go to the homœopathic hospital."

There was another subject discussed in the paper, viz., "Physicians as Trustees in Hospitals." There is a great difference of opinion in this matter. I believe the affairs of the hospital can be better conducted if there be one or more competent physicians in the board of trustees, but it must be physicians who are competent, judicious, wise. A man who goes on that board of trustees and takes such a responsible position, must sink his own selfishness, otherwise he will make trouble for all and injure the hospital beyond any power of repairing which he can exert. So any trustee who attempts to use his position in the interests of his family physician, or of any particular physician or person, does an injury to the hospital. I speak of what I know, and the results which have occurred in such instances. It is therefore for the physicians, while they have, and should have, a representative upon the board, to see to it that he is a man single-minded for the interests of the hospital, and with no sinister object, no "axes to grind" of any kind.

I wish to speak of another point not mentioned. Dr. Wright, in his address, spoke of our being ready to be pioneers. So we must be, but in a great many cases we cannot ourselves alone establish in small towns a purely homœopathic hospital. In such cases it may

often be better to unite with the old school, joining together and having a hospital on an equal basis for both schools. This is perfectly feasible. Some years ago it was proposed in Newton, Mass., a town of 20,000 inhabitants, to establish a hospital, and some of the leading homœopathic citizens became leaders in the movement. When the question as to the method of treatment of the patients was discussed, "why," some said, "old school, of course." When the admission of homœopathic treatment was insisted on, the old-school physicians objected strenuously, and said it would not do. The matter was discussed by strong and influential men, who said we must have homœopathic treatment in that hospital; for if we want to go into this hospital, or any of our friends, this treatment must be allowed. The matter was taken under advisement, and it was determined that the code of medical ethics would not allow the members of the State Society to consult with homœopaths, which would be virtually done by carrying on the same hospital together. In reply to this, the managers said that they would then make the hospital altogether homœopathic. After further consideration it was finally concluded that they could possibly serve in such a hospital. It was established, and both schools have been there on an equal basis ever since. It is a most successful hospital, no collision between the schools has ever occurred, and the hospital is flourishing. The same result has been achieved in Taunton, Chelsea, Malden, and Quincy, where such hospitals have been established largely by the aid of homœopaths, making five union hospitals now existing in Massachusetts. No trouble has ever occurred from this cause in any one of them. There is no resident physician, all directions being given by the visiting physicians. The pharmacist of the hospital receives these directions, and must carry them out in a perfectly impartial manner. The nurses must do likewise. A curious thing is that the only difficulty that has arisen has been where a trustee undertook to manage the hospital in the interests of a particular physician, and to sustain him against the opinion of the medical board.

Permit me to speak a few words in regard to insane hospitals. There is now considerable feeling throughout this country favorable to these hospitals with homœopathic treatment. The one at Middletown has proved a great success, as also has the one in Massachusetts with its five hundred patients. Similar State insane hospitals have been established in Minnesota and Michigan. These four asylums are making a record of which we may be proud. In other States there is a great demand, especially among homœopaths, for the establishment of such State homœopathic institutions, and if this demand is followed up by judicious effort, we shall obtain these hospitals. Let us look to it that this movement is carried on in that steady, efficient manner which will lead us to success. We

are going to make, in the next ten years, the greatest strides in homœopathy by means of our various hospitals and public institutions.

BUSHROD W. JAMES, M.D.: Allow me a word in commendation of this method of having the two schools represented in the same hospital. We should be wide enough awake to see that if the old-school members of a hospital staff should resign after we are appointed to the hospital, and leave it to our care, it is our duty to take full charge of that institution. It makes one more for us. We have now so many physicians in the large cities of our country who are skilled in every department of medicine and surgery, that we have nothing to fear when they resign, as it is in our favor. In fact, I should be glad to hear of their resigning many of their larger hospitals in this way.

I want to refer to the matter of progress in our system of medicine throughout the world in the past five years. I had the honor of preparing the paper from the United States in reference to the progress of homœopathy here for five years for presentation at the last Congress at Basle. I was very much interested in the report of Dr. T. F. Smith, and in comparing what I then reported with what now exists in certain directions, especially in the matter of hospitals, where our success is so generally and thoroughly shown. In 1887 we had 27 general hospitals and 31 special; this year we have 40 general and 35 special. The patients in these hospitals, in 1887, were 13,862; now, 33,169. Here is a very important feature, that as we get a larger number of patients to treat in these hospitals, we find that our mortality reports are better. In 1887 it was 6.56 per cent. of mortality; in 1890 it was 2.82 per cent.; and this year 3.12 per cent. In 1889 it was 3.10 per cent.

In regard to education, we find that the colleges held their own, for we observe that there were 991 matriculants in 1887, and 1190 in 1891. The journals have increased from 20 to 26. I think these facts show that we are progressing, notwithstanding our enemies say homœopathy is rapidly dying out. A professor in the University of Pennsylvania, in our city, said, only two or three years ago, in a popular public lecture, that homœopathy was now almost extinct, and that it would soon die out; that they had abandoned their principle of prescribing "*similia similibus curantur*," and it would be only a short time before the system would be merged into the general profession. I took occasion to call his attention, by public letter, to the fact that he had not read the homœopathic literature of the day, for had he consulted the *Transactions* of the American Institute of Homœopathy from year to year, he would have found that there was a steady increase in the number of institutions, graduates, and journals of our school. Comparing these reports and going back ten years, he would have discovered that he was making untruthful statements before the laity, which no man has a right to do.

I am very much gratified with these statistics as they have come in this year, and for these past five years. They show that we are not dying out, but that we are getting into that position of stability that we have laid the foundation of in the past, and have gained much and are ready to make still further aggressive movements, and to stand up for our rights in every direction, and not the least in the matter of medical legislation. Reports show that the old school are aware that we are getting ready to make valiant battle for our rights, and special legislation by them is looked to for our repression.

In the older countries, laws are still in force keeping down our progress, but even these are gradually, though slowly, giving way; but then they may have many a heavy battle before they can break down these old laws of the ages. But the time will come when the influence of homœopathy in Europe will be widely felt, and so felt that governments there will eventually give homœopathy the freedom it has in this country.

H. R. STOUT, M.D.: Dr. Talbot has kindly referred us to the efforts in Jacksonville, in reference to the union of the two schools in the hospitals. We have been so established in St. Luke's for some fifteen years. At first there was no such thing as a union between the schools, but the first building was burned and there was a reorganization of the Board of Managers. The president was Mrs. Alex. Mitchell, of Milwaukee, who has a winter residence there, and was a generous contributor to the hospital, and a firm friend of homœopathy. In the reorganization she positively refused to contribute one cent towards its support unless homœopathy was given an equal footing with the rest. Of course the allopathic physicians demurred to this very seriously, and tried to persuade her to change her views, but without result. So that for ten years Dr. Johnson and myself have been on the staff, and have our private patients there, as the latter have the privilege of choosing their own physicians. Only one difficulty has occurred and that some years ago. The house physician has always been from the other school. In the case referred to, the one then in charge interfered with a case under homœopathic treatment. He was promptly requested to resign, which he did. The relations otherwise have been perfectly agreeable in every way. The patients receive the same attention from all. The result has been that a number of the nurses who have left the institution, have done so as friends of homœopathy. Another instance of the progress of homœopathy in the conservative South. I have been requested in the last year to take charge of our Orphanage and Home for the Friendless. The mortality and sickness had been very great and they decided to make a change. I have had charge for nine months, and there have been no deaths in that time.

In the hospital at St. Augustine, homœopaths have the privilege



of treating their patients there. Mrs. Flagler gave a large sum of money with the provision that they should have equal rights.

JOHN L. MOFFAT, M.D.: One word about resident physicians. I have attended two institutions where both schools were represented: "The Brooklyn Home for Consumptives," and "The Seaside Home for Children." In the former, as only incurables are taken, it is not deemed necessary to have a resident physician; but in the latter there has been an old school resident of late years. I am satisfied that where there are two visiting staffs there should be two residents, representing both schools. It would seem an eminently proper function of one county society to guarantee to the trustees, if necessary, the expense of maintaining a separate homœopathic resident physician. The mere fact of the resident being an allopathist is very apt to have a chilling effect upon the homœopathic interests in such an institution. There is great danger that representation may become entrusted to that class of homœopathists who closely resemble the old school in their practice and who would be well served by a resident of allopathic training.

C. B. GILBERT, M.D.: What has been said by the President as to the necessity of having the staff represented on the board of trustees, is true. We began in Washington about nine years ago, and on the advice of an old practitioner from another city, made it an unwritten law that no physician should go on the board of trustees—the greatest mistake we ever made. As secretary for the first three years I was constantly checking that board to prevent their injuring our cause and our rights as physicians. No lay-board of trustees has any conception of the needs of a hospital. You cannot do anything with a lay-board without trouble; you will be continually fighting, and they will spoil many things in spite of you. Wherever you try to start a hospital, see that your staff is represented on the board of trustees by men who bury their individuality and go into it for a love of the cause. See to it that members of the board of trustees, who are laymen, are friends of the staff. Do not put in any man who will work to put you out, and his own physician in. The board must be friendly to the staff and not envious, and the only way to do it is to have physicians on the board and business men who will not grind the axes of their own physicians.

J. H. McCLELLAND, M.D.: Very kind mention has been made of the efforts in Pittsburgh in the matter of a hospital building. I do not think we deserve any particular credit for it, because we happened to be so situated that we could avail ourselves of generous people, who were able to help us build the institution. I arise more for the purpose of saying a word upon hospital construction. It goes without saying that we ought to have a great deal of space for a hospital, and of course we will take that space when we can get it,

in a suitable place. But it is a fact that city hospitals have to be built, and in a city, property is so valuable, that it is difficult to obtain a large plot of ground. In these sanitary days the necessity for large space, or for a much spread building, is really not so great as a few years ago. The present knowledge and advance in sanitation, and especially in sanitary plumbing and ventilation, and in our ability to maintain aseptic conditions, has made it so that a hospital can be successfully conducted in a comparatively contracted space. In the building of these hospitals our experience is, that the most satisfactory plan is the central administration building with end wings. The hospital at Pittsburgh let me say, is not the product or result of any one man's effort; it simply illustrates the power of *united effort*, the disposition on the part of each one to yield to authority,—the disposition to follow the leadership of a necessary head. Just in proportion as the majority of the board of trustees or medical board will give their united support to the one compelled to be leader or executive, just in proportion will that institution be successful. But that head must be one who buries personal consideration entirely for the good of the institution, and acts solely for the whole management which he represents.

I want to make a personal reference here, that no one will find fault with. In the struggle in Pittsburgh, twenty-five years ago, that institution owed its success mainly to three men,—Drs. Coté, Burgher, and Hofmann. That is the triumvirate which gave us the initial impetus; Dr. Cooper and the rest of us have done some work, especially in the work of extension, but the initial impetus from those three gave us the start, and without this we would have been nothing.

## ADDRESS.

BY THOMAS FRANKLIN SMITH, M.D., NEW YORK, N. Y.

THE GROWTH OF HOMŒOPATHY IN THE UNITED STATES IN THE  
LAST FIVE YEARS.

IN preparing an address upon the growth of homœopathy in the United States during the last five years, I find that there is but little more for me to do than to present to you the statistics for those years and let them speak for themselves, because figures cannot lie.

	1887.	1888.	1889.	1890.	1891.
Societies :					
National, .	5	3	3	3	3
Sectional, .	2	2	2	2	2
State, .	31	30	29	31	28
Local, .	86	89	87	85	86
Clubs, .	17	17	17	18	19
Hospitals :					
General, .	27	26	29	34	40
Special, .	31	31	31	32	35
Beds, .	4,239	4,182	4,391	4,419	4,604
Patients, .	13,862	29,976	33,661	28,817	33,169
Cured, .	5,935	19,529	21,861	21,663	25,832
Relieved, .	4,471	3,687	4,947	2,607	3,173
Died, .	910	915	1,045	810	1,009
Rate, .	6.56	3.05	3.10	2.82	3.12
Dispensaries, .	46	43	44	41	47
Patients, .	142,629	144,443	136,728	91,458	109,874
Prescriptions, .	376,886	332,956	274,261	268,014	301,318
Journals, .	20	23	25	25	26
Colleges, .	14	16	14	13	15
Matriculants, .	991	1,215	1,198	1,190	1276
Graduates, .	372	390	373	393	406

As we study the above table we see that, while there has been no spasmodic growth, yet there has been a steady, healthful increase, and one of which we may well be proud. As we glance back over the past fifty years and see what homœopathy was at that time, and

compare it with what it is now, I think we must all stand amazed. And yet, in view of all this, we are asked to drop our distinctive title and sail under the old-school flag. I know that there is a great hue and cry at the present time for unity. I believe in unity so far as it is practicable; I believe in unity so far as we can have it without the sacrifice of principles; but when we are requested to drop our title as homœopathic physicians, I object. As well might we ask the great denominations of Christianity to drop their distinctive titles and simply call themselves Christians. I grant that they are all Christians and are all laboring for one great and grand object—the lifting up and the bettering of the human race, and the salvation of immortal souls; but while they are all working for this, they each have their own individual ideas of working, founded, as they believe, upon God's own teaching. Just so is it with us; we are physicians—all laboring to relieve humanity by the curing of disease; but while we are all laboring for this end, we believe that it can be done best in a certain way by following a certain law of cure, and why should we not, therefore, let it be known that such is our belief? No, fellow-members of the Congress, the time has not come, and, in my opinion, it never will come, for us to haul down our flag and fight under any other; but let it be our boast and our endeavor to lift the standard of pure homœopathy so high that during the next five years the cause we love so well may grow more than it has done during any previous five years of its history.

We are not ready to unite with the old school, and I do not believe that we ever will be.



ESSAYS  
ON  
HOMŒOPATHIC THERAPEUTICS,  
WITH  
DISCUSSIONS.



**THE RESULT AND INFLUENCE OF HOMŒOPATHY  
UPON THE THEORIES AND PRACTICE OF  
THE MEDICAL PROFESSION.**

By A. C. COWPERTHWAIT, M.D., IOWA CITY, IOWA.

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A CENTURY has elapsed since Hahnemann's intuitive mind first grasped the idea that there existed in the Divine economy an universal law of cure. The translation of Cullen's *Materia Medica* in 1790 marked a new era in medical history, and gave rise to the only theory in medicine that has ever stood the practical test of a century's application and experience. During the past two hundred years various theories and systems of practice have arisen and shone with great brilliancy for a limited time, but have paled into insignificance before the light of experience—have failed to stand a practical test at the bedside. This has been due to the fact that during all this time physicians have been endeavoring to discover the nature and cause of disease upon which to found a system of therapeutics. In this they have signally failed, for the reason that the nature and causes of morbid influence are, in a measure at least, hidden from our view, and ever will be. Physicians may theorize to their hearts' content, but so long as their theories are based upon false premises, history will continue to repeat itself, and they will find themselves following a radically wrong path leading them into most extravagant and often ludicrous errors. This has been the history of medicine, and Hahnemann has been the only observer who has dared to base a principle of cure upon other than a misleading pathological basis.

To understand the influence of Hahnemann's theories upon those which have dominated allopathic therapeutics, we must necessarily roll back the curtain of the eighteenth century and take a hasty view of the principal theories that were agitating the medical mind during Hahnemann's time. The eighteenth century was exceedingly prolific in therapeutic theories, each of which seemed to be in



direct contrast with all others, but all evidently based upon the same species of false reasoning concerning the nature and causes of disease.

One of the earliest theories of the century was that of Hoffman who contended that most diseases were caused by impure and acid humors which were to be altogether or partially expelled from the system by what he was pleased to term "antiseptic" or "dulcifying" remedies.

Kampf held that diseases were caused by "infarcts," which he defined to be "an unnatural condition of the bloodvessels" caused by obstruction, the nature of which was so ridiculously absurd, and the explanation so long, that we have not space to reproduce it. His system of therapeutics in accordance with his theory was equally absurd. He proposed to disperse these infarcts by the use of clysters composed of a multitude of drugs, none of which had any especial application to the supposed condition. That patients sometimes used these clysters several times daily for years, often consuming thousands of them in a single case, is explained by Kampf when he says that "often the labors of a Hercules are required to cleanse such an astoundingly laden, old, intractable bog, and to overcome the stony, and as it were, wedged-in degeneration of the blood." Kampf's theory was quite generally adopted, and for many years the treatment of diseases by clysters was very popular.

The theories of Stoll were probably the most popular of any during the century, physicians going to Vienna from all parts of Europe to investigate them, reminding us quite forcibly of the recent exodus to Berlin. Stoll taught that all diseases arose from constitutional conditions determined "by the prevailing weather and epidemic fevers," but in short he held, practically, that diseases were caused by gastric impurities, bilious conditions and intestinal irritations; emetics and purgatives constituting the chief remedies.

Next came the Brown theory that all diseases were due either to *asthenia* or *asthenia*, the result of too much or too little irritation, the duty of the physician being to increase or decrease this irritation as the case demanded, opium being the remedy chiefly employed, which was used in great quantities by all Brownian physicians.

Contemporaneous with the Brown theory, and more or less united with it was the "antiphlogistic treatment" in fevers and inflammations; bleeding, salivation, emetics, and purgatives, used indiscrimi-

nately, and with terribly disastrous and fatal results. The chemical doctrine was another of the many absurd theories that prevailed at the opening of the nineteenth century. Others equally important might be added. It was in the midst of this darkness and confusion—this age of medical ignorance—that Hahnemann appeared upon the scene. The condition of things was well described by Girtanner, one of the most celebrated physicians of the time, who has indorsed the Brownian and chemical theories. He said “as the healing art has no fixed principles, as nothing is demonstrated clearly in it, as there is little certain and reliable experience in it, every physician has the right to follow his own opinion. When there is no question of real knowledge, where every one is only guessing, one opinion is as good as another. In the dense Egyptian darkness of ignorance in which physicians are groping their way, not even the faintest ray of light has penetrated by means of which they can steer their course. I do not care if any one feels offended by what I say. My object is not to give offence, but to maintain the truth. If any practitioner is not satisfied with my opinions, let him examine his own conscience and ascertain of how many medical truths he is certain. He who can point out to me certainty in medicine may throw his first stone at me.” Such was the general opinion existing amongst the best physicians of the time, and Hahnemann was no exception, but unlike his contemporaries he was searching for, and willing to receive something better. Hahnemann was a genuine observer. He was not content with a method that would build a theory upon a single observation, making all other facts bend to the support of that theory. It is not surprising to hear Hahnemann relate his experience on quitting in disgust the practice of medicine, in a letter to Hufeland with these words: “It was painful for me to grope in the dark, guided only by books—the treatment of the sick—to prescribe, according to this or that fanciful view of the nature of disease, substances that only owed to mere opinion their places in the *materia medica*. I had conscious scruples about treating unknown morbid states in my suffering fellow-creatures with these unknown medicines, which being powerful substances, may, if not exactly suitable, easily change life into death, or produce new afflictions and chronic ailments more difficult to remove than the original disease. To become in this way a mur-

derer or aggravator of the sufferings of my brethren was to me a fearful thought."

Hahnemann fully realized that the confusion existing as to medical theories was due to the fact that the fragmentary observations made were all based upon false premises; and when he started out to build a new system of therapeutics he took an entirely different direction from his predecessors, leaving behind him once and for all the monstrous errors of the past. He threw overboard all theory and speculation as to the nature of disease, taking the pure phenomena of disease upon the one hand and the pure effects of medicine upon the healthy human organism on the other, and tracing out their united relation upon a strictly scientific basis, he arrived at a correct solution of a great problem, and formulated the well-known law of cure.

It is somewhat strange, when we consider the confusion and uncertainty of medicine in that day, the utter darkness which prevailed, that the first ray of light afforded them was not gladly welcomed. But such was not the case. Hahnemann's new departure was too great for them, and they refused to follow. The only influence that the new doctrine had was to more or less unite the conflicting elements against Hahnemann, who was reviled and persecuted in a manner not necessary to relate in this connection. Neither did Hahnemann's promulgation of a law of cure check the usual rise and fall of various sects and systems in medicine. The nineteenth century has witnessed as many premature births of monstrosities in that direction as did the century preceding. The same erroneous idea has prevailed—that any system of cure must be founded upon a knowledge of the essential essence of disease. It is unnecessary to recapitulate the various systems that have had their rise and fall since Hahnemann announced the law of *similia*. Our own time furnishes the most gigantic example the century has afforded. Under the capricious light of so-called modern science the germ-theory of disease has obtained a strong following, but whether or not its universal truth is ultimately proven, it is quite certain that so far it has been proved impossible to found a system of cure based upon this doctrine. Even Koch's lymph which promised so much to believers in the germ-theory, and which was received with such universal plaudits from the medical profession, has already been weighed in the balance and found wanting, and so it will continue to be with

all remedies and methods that rest upon a strictly pathological basis. Thus it will be seen that homœopathy has had but little influence upon the various theories in medicine up to the present time, but when we come to consider its results, and its influence upon the practice of medicine during the past century, a very different picture is presented. The confusion that existed in Hahnemann's time in regard to medical theories was knowledge and order compared with the ignorance and chaos existing in therapeutics. In the language of Girtanner, as already quoted, everything was "the dense Egyptian darkness of ignorance." Every physician was a law unto himself. There were no fixed rules or principles in therapeutics of any character whatever. The grossest polypharmacy imaginable was indulged in to hide the utter ignorance of the prescriber, while bleeding, purging and emetics were an almost invariable resort in all manner of diseases. These were the cherished methods of traditional medicine, and it is not surprising that so few were willing to abandon them for methods of a diametrically opposite character. The change was too great. Yet time ever rectifies the mistakes of men. The little leaven is already working most satisfactory results. The three great cardinal principles of Hahnemann are being tacitly accepted by the medical profession—the law of cure, the single remedy, and the minimum dose. Most of these results have only become plainly perceptible within the past twenty or twenty-five years, within the memory of many present. The law of cure, railled at and ridiculed a few years ago, is now generally admitted to be at least one, and a very important one, of the various methods of cure adopted by the dominant school. No better proof of the fact that it is adopted and practiced can be required, and that the use of homœopathic remedies based upon homœopathic indications is fast becoming a part of the regular armamentarium of medicine, than is found in all the modern text-books of materia medica and therapeutics, Ringer, Bartholow, and the quite recent work of Shoemaker. These works include the usual remedies that are common to both schools, such as Acon., Bell., Nux v., etc., and in each instance draw largely from homœopathic sources (unacknowledged, of course) for their explanation of the pathogenetic action of the drug, at the same time under the head of therapeutics recommending the drug in diseased conditions where it is strictly homœopathic, where its therapeutic virtues can be explained upon no other grounds (although a

feeble attempt is sometimes made to do so) and in conditions where the use of the drug has been a distinctive feature of homœopathic practice. Frequently the text reads as if it might have been written by an avowed homœopathist. Not only are remedies common to both schools included, but also remedies that have heretofore been regarded as distinctively homœopathic—*Bryonia*, *Rhus tox.*, *Chamomilla*, etc. These find their place in the works mentioned, and the indications given for their use are almost invariably homœopathic, and were evidently taken bodily from works on homœopathic materia medica. Instances of this kind are the rule rather than the exception, and are so numerous that it is useless to attempt giving anything like a complete list. I will only adduce a few illustrations:

Bartholow says: "The acute glandular affections of the throat and neck—tonsillitis, parotitis, inflammation of the sub-maxillary and sub-lingual glands—are often speedily removed by mercurial preparations."

Ringer says: "Small doses of Mercury yield excellent results in a form of diarrhœa common in children." He also recommends small doses of Mercury in dysentery. A writer in the *Louisville Medical Journal* recommends Merc. corr. in about  $\frac{1}{1000}$ -grain doses for dysentery in children, characterized by blood, mucous stools and violent tenesmus.

Ringer says: "The power of Aconite to control inflammation and subdue the accompanying fever is remarkable. It will sometimes cut short an inflammation. . . . In these comparatively mild diseases, especially if Aconite is given at the earliest stage when the chill is still on the patient, the dry, hot, and burning skin becomes in a few hours comfortably moist, and then in a little while is bathed in profuse perspiration. With the sweating comes speedy relief from many of the distressing sensations, and in a period varying from twenty-four to forty-eight hours, both pulse and temperature reach their natural state."

Bartholow recommends *Belladonna* in "ordinary sore throat," scarlet fever and erysipelas.

Ringer recommends drop doses of wine of *Ipecac* for vomiting, and says that *Nux vomica* may succeed where *Ipecac* fails, especially when the tongue is coated, the stomach out of order, and there is much acidity and heartburn. He recommends small doses of *Podophyllum* in bilious diarrhœa, and lays great stress upon the

point that it is especially useful in a morning diarrhœa. He also mentions *Rumex crispus* in morning diarrhœa. He recommends *Chamomilla* "in the ordinary summer diarrhœa of children often occurring during teething, characterized by green, many colored and slimy stools." He says *Chamomilla* also subdues restlessness and peevishness. He relates the cure of a case of chronic eczema of six years standing by *Rhus tox*.

The very general use of Calcium sulphide in small doses in suppurative processes by the old school is a well-known fact.

Shoemaker's new work abounds in homœopathic materia medica and therapeutics, but enough instances have already been mentioned to show that the old schools are fast adopting the homœopathic principle of cure, and with it the collateral features of homœopathy—drug provings, simple prescriptions of a single medicine, and small doses. They universally acknowledge the importance of ascertaining the action of drugs by testing them upon the healthy human organism, a fact which is so well known that it requires no proof upon our part. The single remedy as understood by the consistent homœopath is rapidly being approached by the more enlightened of the old-school fraternity, just as it is being departed from by the less enlightened in our own ranks. When we consider the condition of the pharmacopœia in Hahnemann's time, we must certainly realize the vast difference that exists to-day. Hahnemann lived in an age of the grossest polypharmacy. The then world-famed pharmacopœial remedy known as the Mithrodate appeared in the pharmacopœia of 1782. It contained fifty ingredients and was widely used for various ills. All prescriptions were notoriously compound, so that Cullen sarcastically termed them a "luxuriancy of composition." These prescriptions almost invariably included some form of violent purging or emesis, and in all supposed sthenic states were supplemented by copious blood-letting,—so that in severe cases it was a rare thing for the patient to survive both the disease and the prescription. However from the day Hahnemann proclaimed the superiority of the single remedy, there has been a slow, but steady tendency toward simplicity in prescribing, until to-day

"Prescriptions yard in length, to win  
The thanks of the apothecary,"

as sung by Paul Fleming, a physician and poet of the seventeenth

century, are rarely seen. Four and five ingredients are the largest number usually compounded, while two or three only enter into most prescriptions, and it is quite a common thing to see the single remedy prescribed by the disciples of *Æsculapius*. Of course there are exceptions to these statements, but when we consider that formerly, long, compound prescriptions were the invariable rule from which none presumed to deviate, it must be admitted that the influence of homœopathy upon this branch of therapeutics has been extremely salutary. Many old-school physicians depend largely upon homœopathic preparations and specific tinctures, frequently prescribing them singly. A few days since I stepped into the office of a prominent physician, who had been a surgeon during the war, and who was of the old school, oldy. I found he had fitted up a large office case of specific tinctures, and that he was in the habit of filling his own prescriptions therefrom, usually only one remedy being used. He informed me that his method was being adopted to a considerable extent by physicians of the old school. The dosimetric system, which is gaining numerous adherents, is another illustration of the tendency in the medical profession to employ the single remedy, while the demand for sugar-coated pills and powders containing a small quantity of a single drug, is daily increasing.

The doctrine of the minimum dose brought down upon Hahnemann and his followers the scorn and ridicule of the medical profession, yet in no sphere has the influence of homœopathy been more potent for good. The massive doses of drugs used during and since Hahnemann's time are a matter of history and require no testimony in this connection. To realize the influence that homœopathy has had upon allopathic dosage we have but to consider the present methods in vogue or compared with those of former years. One can hardly realize that those who but a few years ago ridiculed the infinitesimal doses of homœopathy, are now employing many drugs in an equally minute form. Text-books on therapeutics, and magazine articles, boldly recommend homœopathic triturations, and it is well known that the best manufacturing chemists are vying with each other in preparing for the market pills and powders containing an astoundingly small amount of the drug particle;  $\frac{1}{100}$ ,  $\frac{1}{1000}$  and  $\frac{1}{10000}$  of a grain of certain drugs are quite commonly employed by the old-school physicians. Many illustrations might be given, but we opine that they are all so familiar that their repetition would be

superfluous. The dosimetric system, already referred to, is a good illustration of the tendency to employ small uniform doses of medicine in the treatment of disease. Physicians of all schools are acknowledging the efficiency of small doses, and while they may not so admit, it is nevertheless a fact, and one generally accepted by the public, that this change in dosage is a direct result of the influence of homœopathy. Thus while homœopathy may not have been found to have influenced directly medical theories, strictly so-called, yet it is a fact, plain and unquestionable, that it has had a most wonderful influence upon the practice and upon what might be called the therapeutic theories of allopathy. It has, to say the least, greatly modified, and in many respects entirely revolutionized, medical practice. The almost abandoned use of the lancet, the substitution of simple prescriptions for polypharmacy, the greatly diminished employment of powerful drugs in ponderous doses, the adoption generally of smaller doses, the more systematic methods of prescription, and the general tendency to a more mild and rational system of therapeutics, so evident within the past few decades, is directly traceable to the potent influences of homœopathy.



*HOMŒOPATHIC THERAPEUTICS.*

BY SAMUEL LILIENTHAL, M.D., SAN FRANCISCO, CAL.

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THE Committee of Arrangements for the International Congress of 1891 honored me with an invitation to give my views on this vital question, which now divides our school, and I consider it a propitious sign of our times that this theme will be fully elucidated by both sections who differ in the definition of "homœopathic therapeutics," and therefore, necessarily, also differ in their application in practice. There can be no question that too many of the younger physicians, graduates of homœopathic colleges, consider us, the old guard and watch dogs over Hahnemann's doctrines, mere old fogies whose time has expired, and the homœopathy of the present day must amalgamate itself with more scientific doctrines, as taught by other schools, and thus hasten the millennium, when a general love-feast can be celebrated by all, when therapeutics, as a minor branch, can be put into the background and removed from the high pedestal which for many centuries it claimed to occupy, and when the whole medical fraternity will vouchsafe to a listening crowd the axiom that the first, yea the only duty of a physician, cannot be the mere relief of a sufferer. Away with such nonsense at the end of the nineteenth century! The great and paramount duty of the physician is to prevent suffering. The physician of the coming twentieth century must be more than a mere healer; his sacred duty will be so to educate the people that morality and virtue will become the pillars of the nations; that vice will be shunned by individuals as well as by all communities, for its own foulness; that heredity will be only known and praised for its own glorious and benign influence, for the descendants of virtuous progenitors can only be good and virtuous, and all that is hideous and revolting they know only from hearsay, by looking backward.

But alas! In looking around in this wicked world of ours, we easily perceive that we are yet far off from reaching such a golden

age, and the question may well be asked whether our descendants will ever reach it. Though there can be only one religion implanted into our innermost heart by an all-wise, infinite Power, there are many sects quarreling and belittling one another and predicting failure to all who do not swear allegiance to their doctrines. The same holds good in medical lore and of its practical application. A Chinese physician of high repute among his countrymen, and often also consulted by white folks in good standing in their communities, once told me in full candor that Chinese treatment is far more efficacious than that of the medical European or American colleges, and it is sheer impudence to talk of theology and medicine to a nation that is so far in advance of all other nations. The same tyrannical egotism rules everywhere, though it may be, after all, a thing not to be despised, for he who looks too much to others for guides and guidance, forgets and neglects his own good qualities, and it may happen to him, as it happened to many others, that one who runs after false idols, instead of gaining by such actions, steadily loses ground and confidence in his own opinion.

An orthodox believer, no matter to what sect he may belong by birth, nationality, and by his own free will and accord, must have full faith in the doctrines of his Bible; so also the orthodox homœopath ought to give his allegiance to Hahnemann's *Organon*, but how few are those in our days who believe in infallibility, how few are those who take the dictum of another mortal being as a sacred ark, which must not be touched by sacrilegious hand; and should not the same searching and investigating reasoning be allowable, yea necessary, in secular matters; and the question may well be raised whether, in looking backward, every step forward is really a progress or not sometimes a fatal error, leading us deeper and deeper into new-fangled fads, instead of following squarely the old trodden path, which for a century was to its followers their guiding star to medical salvation.

But what has this to do with homœopathic therapeutics? Allow me to copy a few sentences, which I find in some rebel journal tired of the tyranny of the old school. Dr. Onigly, of Missouri, writes: "It is no novel experience to see a representative medical man, deeply versed in the literature of his profession, skilled and experienced in its practice, take the life of his fellow in charge and readily detect his malady; thus far he is an expert. But ask him about a

cure, and he will show uncertainty. If he is honest he will be indefinite, or at the least, will be provisional in any promise he will make. He knows his resources too well. The inefficiency of his therapeutics is well learned in the terrible and bitter experience of the past; he knows how often those weapons in his hands have proved valueless in the preservation of human life."

Again, "Had our teachers kept therapeutics abreast with pathological anatomy, physiology and diagnosis, prejudice, expectancy, nihilism, skepticism and paralyzed efforts, floundering amid vacillations and uncertainties, could not have existed, but long ago the practice of medicine might have been on its deserved plane, with its unsystematic elements of the day replaced by therapeutics of exactness, energy and activity."—*The Dosimetric Medical Review*, February, 1890.

This dissatisfaction is spreading among the physicians of the old school as well as among many who claim to be homœopathic physicians, and every theory is taken up with eagerness which promises to give better results, tried by everybody, its benefits highly praised by some, and after failures discarded by others. Physicians and laymen think too much of the diagnosis, hitch their treatment to it according to the prevailing fashion of the day, and forget entirely the patient and his surroundings; they forget that just as there is only one religion, so there is only one *vis medicatrix nature* inherent to each patient, and the nearer we come to uphold this innate power, and to remove every obstacle which would interfere with its free exercise, the nearer we rise to the picture of an ideal physician. Study the history of medicine from most ancient times up to the present day, pass in review all the therapeutical measures from Hippocrates to our present bacteriological era, and see whether their aim was to uphold and to support this healing force of nature, or whether each and all did not base their treatment on some imaginary idea, whether their whole armamentarium was not levelled against some foreign element which must be cast out, and where this is impossible, let palliatives rule supreme. Really the genuine symptom-hunters are the teachers and practitioners of the old school, and their polypharmacy arises from their necessity of putting a suitable drug into the prescription for every symptom complained of, but at any rate pain must be suppressed and the consequences must take care of themselves. But an awakening takes place even among the

teachers of that old school, and they begin to preach to give more consideration to the peculiarities and to the individuality of the sufferer, that the manifestations he complains of are part and parcel of his own being, and that disease can only be studied in the patient, and not as a foreign enemy and intruder. A new theory proclaimed by high authorities, while Samuel Hahnemann proclaimed this doctrine a hundred years ago in his masterly *Organon*, and only lately our own T. F. Allen demonstrated the great value of these peculiar symptoms, and proved that by attending to them primarily, health may often be re-established without any further medication.

Nature is governed by immutable laws, and that school of therapeutics which claims to work under such a law must be nearer to perfection than any one so far discovered. Theoretical notions are of little value at the bed of sickness. Give me facts which allow a better interpretation of a mode of cure than the one Hahnemann promulgated, and which his disciples have verified all the world over by thousands of cases, establish your claim to a more safe law of treatment, and I am willing to renounce homœopathy and follow the newer path. But so far I fail to discover it, and we have done so well by following in our treatment the strict rules laid down by the father of homœopathy, that it would be criminal folly to abandon it. So far the doctrine of like cures like comes nearer to an ideal treatment, and on this ideal let us rest our homœopathic therapeutics. Let our younger colleagues fully understand that homœopathy has only to deal with therapeutical measures, and that in all other branches of medical art and science we work in full accord with all other medical schools; let it be well understood that *similia similibus curantur* is the law of cure as far as drug-action is concerned, and that hence homœopathy becomes the science of therapeutics, but we, necessarily, must also give the closest attention to sanitation, hygiene and dietary regimen, that treatment by electricity, by massage or hydro-therapia have their own peculiar indications, and that mechanical appliances and operations, alas, cannot yet be done away with in the imperfect state of our knowledge. But even here conservatism has made great strides forward, and the present surgeon claims it a greater victory to heal by mild means than to proclaim to a gaping public the many mutilations he performs. No human, finite intellect can master at present all the branches of our profession, hence the necessity for specialists; but

let us at any rate become specialists, which means masters, in that branch which we have voluntarily selected, and which is our great privilege to carry out in our practice. Let us become masters in the selection of the like, according to the light offered us in the provings of our materia medica, and by the verifications of symptoms vouchsafed to us by men who deserve our full confidence.

Everything seems so plain and clear about Hahnemann's practical works that it is astonishing that it is not more cheerfully accepted, but too often the remark is made by physicians who claim to be homœopaths, "We accept homœopathy in a limited sense, at least as far as we understand it, but we cannot help, in the light of the present era, to reject the foolish antiquated notions of even a Hahnemann, and especially his disgraceful psora theory." Poor old man, you lived ahead of time; you made an awful mistake about that micro-organism known as *Acarus Scabiei*, discovered about 1830, and the wiseacres laugh at you, and discard the whole on account of this so-called mistake, while they swallow, *cum gusto*, all the bacilli, known or still unknown, and pin their faith on bacteriology and antiseptis. As long as this microbial craze lasts we may with complacency look at Ziemssen on the truth of psora, defective reaction, morbid disposition, and pride ourselves on the well known section of our antipsorics, while the microbians may pride themselves on the acarus, staphylococcus, or any other visible or invisible micro-organism. Pasteur and Koch! We give these eminent teachers full credit for all that they have done and what they will do still, for they are on the right track to accept homœopathy, without knowing it. Even Ziemssen wondered why Koch's tuberculinum acted only on parts affected, and could not understand the affinity between like and like! Some wonder at the necessary dilution of the like in order to get its full action on the like, and the remedy, call it the same or the like (isopathy or homœopathy), must be given alone and allowed full time to exert its action. Certainly all these rules were known to us for years, but never accepted; the old-school authorities proclaimed them from the rostrum. The psora theory, after all, was only an after-thought with Hahnemann, and has nothing whatever to do with the teachings and practice of homœopathy pure and simple. I, at least, have to go to my homœopathic Bible, to the *Organon*, to the *Chronic Diseases* and *Lesser Writings* of Samuel Hahnemann, to understand its full meaning and

to apply it faithfully in my daily work. In fact, it might be written in the language of the present day, were it not a fact that Carroll Dunham did it already in that masterly work, *Homœopathy the Science of Therapeutics*, but in the hurry and worry of daily life who takes time to peruse these lectures, or the classical essays of that dear old bookworm, Dr. Samuel A. Jones, or the introductory chapters in the works of Farrington, Bayes and Hughes? It is the superficial knowledge which stamps most physicians of our times, and the mischief has gone so far that Brother Gatchell asks in his own *Journal*, "Who is a homœopathic physician?" And from most answers received we fully agree with the French physician who teased that eminent clinician, Dr. P. Jousset, with the remark "that there is now-a-days such little difference between an allopathic and homœopathic practitioner that the Devil himself could not detect the difference." We may well ponder over it whether it has really come to that point, and we may repeat Dr. Gatchell's question, "Who is a homœopathic physician?" Not he who believes in some sort of homœopathy, but in his practice fails to carry out homœopathic therapeutics, for it is not always an easy task to find the *similimum*; not he to whom bacteriology is the *summum bonum* and antisepsis the great boon to annihilate diseases; not he to whom antipyretics and the thermometer go hand in hand, as though the very fibrile state were the guiding symptom to warn us of the danger, though after all it remains only a solitary symptom, and it takes many to make up a totality; not he who prescribes a drug for each region affected, hoping thereby that one of them might hit the nail on the head, and the disease or the patient conquered, everything was done *lege artis*. Only through autopsies can we learn our pathological anatomy, and this is of the utmost necessity to render a faithful diagnosis *intra seu extra vitam*.

Has the law of similarity lost its hold on those who once acknowledged their full faith in it, and can he be considered a true follower of the teachings in the *Organon*, when he finds more solace in prescribing palliatives (and dubs those asses who fail to do so) than in the hard labor of studying out the totality of the objective and subjective symptoms, and the still harder trial to dig out the simile to this totality of symptoms? We never dare neglect to render a diagnosis according to all the lights vouchsafed to us; we must be fully up in all its different departments, often needful for the sake of

prognosis. Many ailments and pains are only reflex symptoms, and the really suffering organ may be some distance off; many a time such knowledge will aid you to differentiate between similar symptoms, and after having done your duty conscientiously in that direction, the pathologist must give way to the healer, and with all the necessary zeal the remedy must be found which covers, not this or that symptom, but the totality of objective and subjective symptoms. Our late teacher, dear H. N. Guernsey, was taken to task and ridiculed on account of his key-notes, and some still consider them only valuable hints for the selection of the simile. In many a case the stones which so many of our present generation reject, often become the corner-stone on which the cure must rest. How many of us in these days of hurry and worry, take time and breath enough to make haste slowly? Why? Because you have not faith enough in the healing power of nature; because you wish to be yourself the arbiter of faith, and many a case is thus spoiled by this repeated drugging. Some may believe in quantity more than in quality, and carry out in their practice the idea of much drugging, and to them adjuvants and palliatives are necessary adjuncts to their labors. What fools these mortals be!

To many a practitioner a panacea is necessary for every big or little ailment, forgetting entirely that we never deal with a disease *per se*, but with a patient whose balance-wheel got out of gear, and which needs only a little repairing.

Smokeless and noiseless powder is the latest invention for use in warfare; smokeless and noiseless ought to be the treatment of those who confide themselves to our care, and this can only be fully carried out by confining our treatment to the application of homœopathic therapeutics.

#### DISCUSSION.

RICHARD HUGHES, M.D.: I wish to say a few words in support of Dr. S. Lilienthal's main position. I do not think that any one who knows me will suspect me of illiberality or narrowness of mind when I say that the temptation to eclecticism in therapeutics is a temptation, and is to be resisted. Eclecticism, using the word not in the technical sense it has lately acquired here, but in its etymological and historical meaning—that attitude of mind which, in respect to religion, Tennyson describes in his "Palace of Art," "I sit as God, choosing no form of creed, but contemplating all"—

eclecticism, whether in religion or philosophy or practice of any kind, is a temptation. If we could sit as God viewing all forms of creed and conduct, and choosing the best, it were indeed our wisest and ideal position. But we are not God; we are men, and the danger for men is that if they attempt to pick and choose, to select the good wherever they can find it, the temptation is to drift into lawlessness, to lose all grounding principles and guidance of rule, becoming mere livers from day to day, picking out things as they go, and having nothing definite to look back upon when they review their practice. In homœopathy we have a law and an experience gained by following that law, also a vast body of pathogenetic material for working the law, so that I think it is our duty, as well as wisdom, to put that in the foreground of our work in dealing with disease. Do not let it be said to us, as a father is said to have admonished his son on going into the world, "Get on—honestly if you can, but get on." Do not let it be said, "Cure your patients homœopathically if you can, but cure them." That may be theoretically true, but it is not wise to think in that way. No, let us cure our patients homœopathically primarily, largely, disproportionately by far to anything else. We owe it to the system whose name we bear, we owe it to the great philosopher and practitioner whose wisdom we inherit, that we should carry out homœopathy in the greatest part of our practice. I would urge especially the younger members who are coming into practice now not to be led astray by the glittering lights of the old-school practice. Let them learn all they can in the general management of disease, but when they come to treatment let them take down their materia medica and find out the true picture of the disease in the pathogenesis of the drug, and apply it honestly and persistently, letting everything else stand in the background. I am sure in that way we will best meet the demands of our consciences, and do most to advance therapeutics for the age which is to come.

J. C. MORGAN, M.D.: In allusion to the remarks which have been presented here with reference to the dosimetric system as a modified form of homœopathic therapeutics, I admit that it is so indeed, but an excessively crude one, after all, and hardly corresponding to the good words which have been said for it, especially as we stand by the use of the *single remedy*. I have been favored by the publisher for a year or two with copies of the journal advocating this system, and have been most impressed with its polypharmacy. There is scarcely a prescription given in that journal in which two, three, four and even half a dozen remedies are not united in one dose. I have been tempted not infrequently to write to the editor and say that if he would put aside polypharmacy, it might be possible for us to reach a common ground. The use of granules of small and exact doses of the alkaloids is the first dis-



tinguishing feature of the dosimetric system. This gives accuracy in dosage, and is an approach toward homœopathy in that direction. In addition to this, however, there is another resemblance, viz, that for each and every drug a definite indication is recognized—crude, it is true, but not more so than is common with some in our own ranks. Thus, *Aconitine* stands for aconite as a defervescent; preparations of *Arsenio*, as tonics, etc.

T. F. ALLEN, M.D.: I want to caution all in my hearing concerning the use of the dosimetric granules of dangerous and powerful drugs. They are composed of Aconitine, Strychnine and other alkaloids the most powerful that can be obtained. These concentrated alkaloids, in the experience of many, have produced violent effects and should be avoided.

*HOW TO CURE BACKACHE.*

BY EDWARD BLAKE, M.D., LONDON, ENGLAND.

By deputy I make my appearance before this imposing assembly, in response to the courteous invitation of the chairman of the Committee of Arrangements. I have thought it well to make my contribution to the general store consist of a piece of purely clinical work, rather than of medico-political or of polemic material.

Those who might possibly expect the attempted solution of some profound pathological problem will, I fear, be destined to disappointment on this occasion. I have selected a subject that has, at least, the merit of modesty; it is the ordinary treatment of ordinary backache! It is not a deeply interesting subject to those who do not possess the complaint; nathless, uncured backache is the much-neglected cause of a vast amount of misery in those domestic martyrs whose life is an unwritten tragedy.

When a case of "backache" presents itself for treatment, it is of prime importance to make out its precise nature.

1. Is it the result of local functional change?
2. Is it due to local organic disease?
3. Is it a topical expression of a general diathesis?
4. Is it a reflex merely, from a distinct order in another part?

Let me begin by saying, that I do not propose to take up rare and recondite disorders on this occasion. I do not intend to do more than casually notice organic diseases at all, because that is the subject of classic treatises with which you are all familiar. They are within the reach of all; they form an integral part of every man's professional training. I mean to devote myself to the consideration of very common, and at the same time, of intractable ailments.

First, with regard to the question of diagnosis. The anamnesis or voluntary statement of the patient is always to be courteously listened to, and then totally disregarded as carrying with it any essential weight. We should never attempt to diagnose in a hurry. I will

dare to warn my younger hearers never to hazard a guess. The chances are infinite that it will be hopelessly wrong. It is always a dignified course to suspend one's judgment. It is terribly undignified to err. A homœopathic physician should never make a mistake! His critics are too numerous and too keen to allow of indulgence with impunity in such a luxury!

Now, the question naturally arises, how can we best avoid this element of error which tends to taint every effort of man?

We will consider the practical methods by which not only may mistakes be shunned, but also those conditions may be secured which conduce to that absolute accuracy towards which we are all of us ever striving.

Let us imagine a high, flat, padded table, standing in a well-lighted room of suitable temperature. On this the patient lies prone. A sponge is at hand, wrung out of hot water. This being drawn down the back forms, in itself, a valuable factor in the diagnosis. If special sensitiveness be elicited, we note the point, and we observe if it lie over periosteum, muscle, nerve, or nerve-sheath.

The surgeon now draws his index finger, followed by an aniline pencil, slowly, from occiput to coccyx, along the tips of the spinous processes. Should the patient be observed to shrink when a given point is reached, we proceed to try and discover the reason. If a smart tap be borne better than a light touch, and if the skin on being pinched is exceedingly tender, we suspect local or general hyperæsthesia; possibly, but not necessarily, of functional character. I will not say "hysterical," because, whilst without doubt that is a most convenient term, it is, at the same time, a highly objectionable one. If we can now make out the particular tissue involved, the battle is nearly won; but there is no royal road to success; neither will that amusing pastime, "subjective symptom-hunting," avail us much here.

In order to test if the tender area be certainly subcutaneous, we note the precise site and then proceed to draw the skin to and from the sore point, observing if the same spot be equally sore on pressure. If so, we pause to ask what kinds of tissue have we underlying this particular part? Is there a nerve-trunk? Are there lymphatic vessels or glands, veins, arteries, muscle, bone, periosteum, or any heteroplastic deposits? Osteo-arthritic, rachitic, and syphilitic neoplasms are especially to be borne in mind. If tenderness

come over a nerve-course, it is more suggestive of perineuritis than of inflammation of the actual nerve substance. The latter, of course, would be associated with grave peripheral disturbances of function. We should be careful not to diagnose disease of the spinal cord below the level of the first lumbar vertebra during adult life, nor below the level of the third in infancy. Neither should we expose ourselves to well-merited ridicule by ignoring such homely causes of pseudo-spinal disease as a twisted whalebone or the button of a skirt. To obviate this, each skirt, of course, should be supported by an attached body. This plan is better than the use of straps or of braces, both of which tend to induce a round-shouldered figure, and a general habit of stooping.

When we have decided on the special tissue which forms the seat of pain, we confirm the diagnosis by studying the effect of appropriate movements.

We also seek for any habit, tendency, or diathesis that will throw a side-light on the case. The occupation often supplies the cause. A great number of the pains which appear to be muscular, are really periosteal, and a more precise and careful examination will show that the pain is elicited by the movement not so much of the muscle itself as because during its contraction it necessarily drags at the periosteal point of insertion. When in doubt as to whether a case be organic or only functional, a very useful manoeuvre is to request the patient to arch the back. If this can be done, we know that it is not organic.

If, however, the patient does not comply with our request, it is not of necessity organic; it may be a *histrionic* disease; it may be a case of profound debility. A faradic shock, administered unexpectedly above the posterior portion of the ilium, will cause opisthotonos by surprise, and help us in forming a just opinion.

Having now carefully ascertained, and entered in our note-book, the history of the pain, and its precise pathology, both absolute and relative, we request the patient to sit with the back in a good light. The seat must be quite level, and we should make sure that the clothing under the body is equal on both sides, and that the hands rest symmetrically on the thighs. We note if the blue line drawn down the spine is quite vertical. If the shoulders be level, we look down on them, and make sure that one is not in front of the other.

As some spinal curves do not reveal themselves in an upright posture, we should cause the spine to be slowly flexed, when the morbid deviation is at once brought to light.

For convenience sake we shall now consider backache as it occurs in the two sexes considered apart from each other.

#### BACKACHE IN WOMEN.

Every gynecologist knows that there are two vulnerable points in the spine of a woman.

These two points are the cervical and the lumbo-sacral regions.

We know that, alas! when we have removed the pelvic cause of these pains, the pains themselves have a sad habit of persisting.

Here treatment by suggestion ought to be able to help us, and so no doubt it may, but a residuum, a kind of submerged tenth will remain to mock our efforts.

Like a certain distinguished general, with that submerged tenth I now propose to deal.

We will first consider

#### SACRAL AND LOIN-PAINS.

If there be acute sensitiveness to touch, we may have the condition described by Braxton Hicks, where the terminal fibrils of cutaneous nerves are enlarged and hyperæmic, a condition of passive peripheral neuritis. High dilutions of Belladonna, or massive doses of Antipyrin, given internally, afford some solace. I have seen the best effects from gentle upward electro-massage with the continuous current one to three milliamperes, with a vaseline of Belladonna as a lubricating agent.

Some cases are more quickly relieved by Aconite.

Pain in the erector spinæ—actual myalgia—yields to *Actea racemosa*. I employ a tincture of *Cimicifuga*, to which a few grains of Macrotin may be added with some suitable vehicle, such as soap liniment without Camphor.

It is best applied with a vibratile movement, or by *tapotement*; using first the voltaic current and then a combined stream of galvano-faradism at a later stage.

If the periosteum alone be tender, or localized œdema be present, I employ a mild mercurial ointment, such as the oleate five per cent., one drachm, to olive oil and lard of each one ounce. This is rubbed

upwards with steadily increasing vigor after applying acupuncture round the affected part.

If severe cedema exist, I prefer *Apis mellifica* followed by Sulphur.

The mercurial treatment is often followed by the use of Rhus inside and out.

Icthyol as a liniment has succeeded when other things have failed.

These indications all apply to the disease when found in the cervical region.

I have been surprised at the number of cases in which strictly localized cedema of the sacrum is present in old standing backaches. Until the cedema is removed by physical means there is little chance of curing the backache.

Having emptied the cellular tissue of the contained fluid, when we are dealing with the neck and the rubbing should always be very slow at the commencement, so that the delicate meshes of the connective tissues be not torn, we proceed to flex, rotate and circumduct the head; we shall often detect little points of adhesion between the vertebræ which should be vigorously broken down.

By way of stimulating nutrition, the galvanic current can be combined with all the forms of massage.

The most convenient method is to apply a flat electrode, representing the positive pole, to the nape of the patient's neck. The negative pole is fastened to the arm of the attendant by means of a broad elastic band stitched to the electrode.

The nurse should learn by heart the following convenient *memoria technica* in order to avoid injuring the skin of the patient, and it must be remembered that some patients slough with less than one milliampere of negative electricity.

"The Positive pole to the Patient."

"The Negative pole to the Nurse."

If more stimulation or nutrition be thought advisable, the physician, by means of a gentle use of the commutator, may occasionally reverse the currents. Frequency of reversals bearing an opposite relation to thickness and toughness of skin.

If muscular paresis form an element in the case, then the interrupted or faradic current may be used with or without the voltaic stream.

Interruptions to bear an inverse relation of frequency to the gravity of the palsy. That is to say, old cases of established paralysis demand a powerful faradic current, conveyed through a coil of copper wire two millimetres in diameter, with very rare interruptions. On the other hand, recent and mild pareses are better treated with frequent vibrations conveyed through a coil of finer wire.

So much for the lumbo-sacral region, and now for the dorso-cervical portion of the spine.

#### DORSAL AND NECK PAINS.

Though far less common, these cause more distress because of the greater mobility of the cervical portion of the spine.

These are usually osteo-arthritic in character. With the incoordination of the pharynx and the recurrent lichen, or else urticaria and the anæmia which so often accompany them, they are probably autoxæmic.

The *débris* of pus from an uncured cervicitis or some other pyogenic process is absorbed, and acting on nutrition possibly by paralyzing certain nerve centres, produces these trophic changes in the cartilages and surrounding tissues known as "rheumatic gout." The symmetry of these changes, and the nerve-symptoms which precede them, seem to put their neurotic origin beyond cavil. This is the opinion, too, as I have personally ascertained of some of our first British neurologists.

Personally I attach very great importance to the removal of the œdema, which so often accompanies the established cases. We have seen that it is often impossible to cure the patient without removing the local dropsy of the cellular tissue. Though the appropriate remedies, *Mercurius corrosivus*, *Apis* and *Arsenicum*, lend valuable aid, they are rarely sufficient unless reinforced by mechanical measures. Here electro-massage works wonders. We use by preference the trophic current, that is voltaism, galvanism or continuous electricity. Some endeavor to frighten away the symptoms by the use of Faradism, and they occasionally succeed. More frequently the symptoms are aggravated, and the alarmed patient is prone "to seek further advice."

Where it is feasible of course it is better to use locally, as a lubricating agent, the same remedy that we administer internally. Should this not be practicable, for œdema the mild mercurial ointment is

excellent. For the dull and wearisome pain which makes sewing and writing a torment, *Actea* acts admirably as a liniment.

As we have seen there is usually some osteo-arthritis present in the cervical cases. It is probably due to trophic changes set up in the cartilage and periosteum as a result of nerve-centre poisoning by pus *débris* absorbed from the genital passages. It bears a relation to the toxæmia of gonorrhœa in males. Other remedies are Sulphur, *Caulophyllum*, *Rhus toxicodendron*, *Pulsatilla* and *Staphisagria*.

CASE I.—*Myalgia of Quadratus Lumborum*.—Mrs. ———, aged 60, has resided chiefly in the northern or warmer part of Australia. She has been salivated. She has suffered greatly from the effects of hyperlactation. For many years she has had uratosis and during that time has had a pain "in the right kidney." This pain has been very naturally attributed to the lithiasis by herself and by her physicians. It turned out that they were not necessarily connected.

On removing the clothes, the loins were found to be asymmetrical—the right side bulging much more than the left. The innervation of the obliqui and the transversalis abdominis on the right side was very defective. The pain, on careful examination, was found to correspond precisely with the area of the quadratus muscle.

On pressing the kidney itself no tenderness was elicited, but in sharply squeezing the fibres of the quadratus between the finger and thumb, considerable discomfort was experienced by the patient.

The diagnosis was further confirmed by requesting the patient to stoop and pick a pin from the floor with the left hand, which, throwing the right quadratus into contraction, at once induced the pain.

*The Treatment*.—This consisted in—1st. Acupuncture with a fasciculus of thirty needles by means of the well known apparatus of Baunscheidt.

2d. The inunction of *Actea* with Vaseline.

3d. Vibratile movements with the continuous current.

The pain disappeared after the third application to return no more.

CASE II.—*Chronic Nape Aching*.—Mrs. ———, aged 38, is an American, consulted me on December 31, 1890. Has been delicate from childhood, worse during the past six years. Prone to urticaria (recurrent septicæmia or auto-toxæmia), osteo-arthritis, dreaming, lassitude in the morning, low spirits. Frequent vertigo; occasional



black spots before the eyes; asthenopic astigmatism. Frequent chorea of the facial muscles. Much flatus in abdomen and stomach. Pale and frequent urine in which albumen has been found. Leaves bed two or three times during the night to micturate. Dyspnoea during exertion, slight cough with yellow expectoration.

The period is irregular, lasting about five days, the discharge is either green in color or dark and coagulated. During the menstrual epoch the breasts are swollen and tender. It is followed by a dark yellow leucorrhœa which causes itching of the pudendum.

She had Bright's disease, with her first baby, fifteen years ago.

Was treated for erosion in 1888 and two years ago had tracheo-lorrhaphy successfully performed by a lady doctor.

Last year she passed a tapeworm.

*Diagnosis.*—The pelvic organs were as follows:

Right appendages normal.

Left broad ligament tender.

Left ovary tender and fixed.

The uterus was a good example of the type known as "succulent." The cervix was large and doughy. It was purple in color and easily bled when touched.

The liver was normal. The spleen large and tender.

Cocculus indicus, first centesimal, followed by Belladonna 6, relieved the menstrual troubles. The endometrium was swabbed with iodized phenol and the vagina next packed with tampons of saturated anhydrous glycerole of Hamamelis.

Long sustained vaginal douches of water were ordered, not very hot, as there was a suspicion of the presence of Neisser's diplococcus.

The remedies, Bryonia 12, then 1x, Hepar sulphuris 3x, Nux vomica 30, Actea racemosa 3, and Hamamelis 3, were all selected in turn on purely symptomatic grounds.

The pelvic symptoms soon showed signs of improvement and after four weeks' treatment she ceased to feel any inconvenience from them.

Still the aching and rigidity of the nape, though evidently a result of the abdominal disease, persisted, as they so often do, after the removal of their cause.

The pain and the doughy swelling round the vertebra prominens showed no sign of improvement till electro-massage was applied. This consisted of deep upward rubbing with mercurial ointment—

the combined current passing at the same time through the operator's hand. It was always followed up by active, passive and resistant movements of the head.

A few days' persistence in these manœuvres succeeded in effecting a complete cure.

*Commentary.*—We have here an interesting example of osteoarthritis or rheumatic gout of the upper vertebra resulting from auto-sepsis. The *débris* of pus-corpuscles was for some time slowly absorbed. This had certainly taken place during fifteen years at least. This organic poison acts powerfully on the medulla oblongata. It increases the cardiac inhibition leading to general innutrition from imperfect heart-action. Occasionally we have the reverse result seen in the over-action, in some cases simulating the cardiac hypertrophy of pregnancy.

The trophic joint centres are often specially selected for interference. This action is usually so symmetrical that we cannot doubt its centric origin. Sometimes both knees alone suffer; occasionally the two olecranons. A very common site is the joint between the first and second phalanges of the ring finger. The metacarpo-phalangeal joint is rarely invaded probably because it is better protected, better supplied with blood and more mobile. It must be remarked as interesting that the ring finger is sometimes the only one to suffer. Formed for prehension in the arboreal age, it has little independent action of extension.

So symmetrical is this disorder at times that I have seen the two internal trochlear surfaces of the two thumbs picked out whilst all the other joints escaped.

#### BACKACHE IN MEN.

There is nothing very distinctive in the backache in men.

Nephralgia appears to be more common, and because it is associated with uratosis, we are not to consider that it is dependent entirely on the presence of lithic acid in the urine.

**CASE III.**—*Nephralgia.*—A middle-aged dyspeptic consulted me for persistent pain along one ureter.

He had passed free uric acid as long as he could remember.

There was no stone in the bladder, no hydronephrosis, no pyuria.

I passed a stream of continuous electricity along the ureter—five milliamperes—using voltaic alternatives, during three seances of fif-

teen minutes each. This was followed by an entire disappearance of the pain.

Three years have elapsed, and there is no recurrence yet.

CASE IV.—*Periosteal Rheumatism*.—Military man, aged five and thirty. Six years before, whilst on duty at Gibraltar, he was seized with a pain in the loins, for which he could obtain no relief from his army surgeon.

This pain he took with him up the Nile, where he formed one of Lord Wolseley's famous water-party, dispatched for the relief of the ill-fated Gordon.

Here matters were not much improved, for the practice of standing for some hours of each day in the river Nile, and allowing his clothes to dry on his person, together with anxiety and irregular rations, combined to accentuate rather than to soothe his sufferings.

The subject was placed flat on his face in a bright light. The points of pain and of tenderness were then patiently sought for.

These were found to correspond with the upper edges of the posterior portion of the iliac spine on either side.

The tips of the transverse processes of the fourth lumbar vertebra were also found to be tender on deep pressure. This military officer had the acupuncture in circles round the painful parts. *Opodeldoc* of *Rhus toxicodendron* was rubbed in by an attendant, and the second application was followed by a permanent cure.

In this instance the diagnosis of rheumatism was confirmed by crepitant knees and by aggravation of the loin pain on being told to rise from the dorsal decubitus with folded arms.

For the guidance of those who employ the Baunscheidt method I may observe here that I never puncture over the site of the actual pain, but around it.

#### DISCUSSION.

A. N. SCHNEIDER, M.D. : The character and nature of this paper cover an extensive work, and any discussion of its details would require special time and study. As you have heard, it takes up in detail the methods of examination, which are, so far as I know, perfect and good, and the means by which a correct diagnosis can be obtained. His advice to physicians to make a correct diagnosis none could take exception to. The method of treating by massage and electricity that he gives will of course depend upon the man's knowledge of the use of these means. So far as the use of electricity is

concerned, every one who attempts to use it should understand it thoroughly. Many attempt its use who know nothing about it. Nearly every physician has a battery, and when he does not know what else to do, uses it, and so often does harm and brings this agent into disrepute. So I think the general advice to use electricity is a bad one, since a thorough knowledge of it ought to precede its use. In regard to therapeutics, he seems to depend more upon local applications than upon the selection of the specific or homœopathic remedy. This is a point which might be questioned. It seems to me, and my experience bears me out, that if the diagnosis is a correct one—and it should be, as far as possible—the prescriber should take into consideration the subjective and objective symptoms, and select his remedy in accordance with the analysis of these symptoms. And when this is done you will get better results with the homœopathic remedy, either by the mouth or hypodermic syringe, than by rubbing in mercury and similar drugs. I would take exception to that method of treating spinal disease. Again, the treatment by the Baunscheidt method seems too much like quackery to recommend to this body.

A. L. MONROE, M.D.: I want to report, in this connection, an interesting and amusing case which may, I think, be of use some day in practice, although something of an anomaly. The circumstances were related to me by the patient as having occurred before she came under my care. Several years before she had suffered very much with what seemed to be spinal irritation and nervous prostration—a bag into which we put many ills. This condition grew progressively worse from day to day, beginning as a mere symptom of nervousness, with imperfect sleep, until digestion—and, consequently, nutrition—was affected, and she began to have numbness in her hands and feet. She could not sleep, became hysterical, morbid, suffered from hallucinations and wandered from one physician to another. The disease had now lasted for months, and many specialists had been consulted, including a neurologist, who examined her thoroughly, making urinary and other tests. None gave relief. Finally, in the course of time her corset string wore out and was replaced by a new one, and in three weeks all trouble had disappeared. The explanation lies here: there was a knot in the old string, and this pressing on the exit of a spinal nerve gave rise to all this prolonged suffering.

HARRIET J. SARTAIN, M.D.: I would like to suggest in this matter of backache that many of these cases come from some mechanical difficulty, and we may use our remedies, very well selected, and fail to cure them, because we have neglected to find out the malpositions and properly correct them. One word more: I think that without corset-strings at all there would be many less backaches than there are.

WM. OWENS, M.D.: I have listened to this paper with a good deal of pleasure, but failed to see in the paper or the remarks a point to which I want to call your attention. Backaches arise from two causes, one organic, the other functional. If we are dealing with organic disturbances, neither treatment suggested, in my judgment, will remove them. If we are dealing with functional troubles, neither of the remedies suggested, so far as I have studied their pathogenesis, cover the chief indications in the case. In the majority of these cases the origin is rheumatic or catarrhal, and are relieved by the drugs covering these affections. Catarrhal affections of a rheumatic class are chiefly relieved by Belladonna. When there is chilliness, attack persistent, with more or less tenderness to touch, Bryonia. I offer this suggestion that nine out of ten of these functional cases will be modified, if not cured, by these two drugs.

FLORA A. BREWSTER, M.D.: Permit me to state that in my own practice I have found that backaches are due chiefly to defective circulation. I believe that most of these cases are due to anæmia, and that we not only need to correct the pressure and clothing, but also to teach our patients how to breathe. I have frequently found women who could only take two or three proper breaths without saying, "my head feels so queer." They are so accustomed to superficial breathing, that when the blood is made to circulate through the enfeebled muscles, they rebel against it, and the patient becomes dizzy. Twelve good breaths, would make them so sore through the diaphragm, that it would take two or three days to get clear of it. Teach them, then, how to breathe properly. Inquire after their habits of living, and you will find that most of them take too little exercise. Convince them that they must not depend upon medicine, but upon the manner of their daily lives, and the correction of bad habits. I have many of my ladies horseback riding.

I must admit, however, that this treatment is not very profitable for the doctor, for in a short time my patients are well.

PEMBERTON DUDLEY, M.D.: The late Dr. McClatchey some years ago told me of a patient who came to him for treatment of a Sunday neuralgia, beginning in the spinal region and extending forward along one of the intercostal spaces. After a good many efforts to find out the cause of this peculiar condition, the gentleman came to see him one Sunday afternoon, and in the course of conversation, the doctor discovered that he was carrying a heavy bull's-eye watch. The man worked in a machine shop, and never carried the watch in his vest except on Sunday, and its pressure on the intercostal nerve was causing the trouble.

I once had a patient who suffered with a terrible backache and headache, which came on every Saturday. Inquiry showed that it was due to overexertion on Friday, when she swept her house from

top to bottom. I did not cure the backache for she refused my advice to live in a little more dirt. Meeting her afterwards she said she had exchanged her Saturday backache for a Sunday one, as she now did her sweeping on Saturday.

T. C. DUNCAN, M.D.: Backache is a disease or a symptom of many diseases and not to be trifled with, and spinal disorders will explain many of the visceral diseases which we meet. I mean those indicative of a physiological and pathological change which are taking place about the spinal cord. I do not think this part of medicine has received the attention it merits. Backache troubles may be divided into two classes, hyperæmic and anæmic, or disease which has an aching and a disease which has a weakness. The weakness is due to spinal pressure, and we will find spasm at the other end of the nerve distribution in the local nerves which run from the spine to the organs in front, the walls of the abdomen and chest. Backaches and spinal disorders in general should receive more attention than they do. We have had an illustration here of pressure upon the intercostal nerve producing pain. How shall we cure these disorders? Rest, as we have just heard, is one of the best remedies, but all cannot take it. To prescribe rest indiscriminately, is to do injustice to the cause of physiology and hygiene. We can do better; for example, change of occupation may do it. We can change the condition of the circulation about the cord, by a current of electricity through the body, and by remedies we can cure these cases, cure them effectively. A number of remedies come up prominently. We may call these cases rheumatic or neuralgic, and we think of certain remedies. To mention all the remedies for spinal disorders, would take too much time now. I want to speak of two or three prominent ones, and you will recall the indications. They are Arnica, Hypericum, and Bryonia. There is nothing in the treatment of this class of cases that calls for any pathological indications. The symptoms of the case will lead aright if rightly interpreted. For Rhus we have a pain more particularly in the dorsal region with weakness, and spasm at the end of the nerve-distribution in the viscera of the abdomen or chest. For Aconite we have first a chill and then a spasm. It is often indicated. Another valuable remedy is Mercurius. But what I want to do here is to emphasize the fact, that backache is a disease or a disease expression, and should not be trifled with. We can cure many visceral diseases if we will turn our attention to the spine. I do not know of a more neglected field. The literature is very meagre. I suspect that the trouble is that when we speak of spinal troubles, structural disorders and deformities come up to cloud our vision. The study of the functional diseases of children leads me into this field. I reported 50 cases that shed a new light on the study of chronic diseases.

RICHARD HUGHES, M.D.: I want to refer to a remedy not mentioned here, but which has done more for me than any other, and that is Kali carb. I found it recommended for backache following miscarriage. I inferred that the backache was due to subinvolution, and from this was led to use it in the backache following parturition, and from other uterine causes. Of course, other remedies may be called for, but this meets the pain. I have used it in the 6th-12th attenuation.

*HOMŒOPATHY IN ITS RELATIONSHIP TO CONSTITUTIONAL PREDISPOSITIONS TO DISEASE.*

BY AUG. KORNDORFER, M.D., PHILADELPHIA, PA.

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IN the curative treatment of constitutional predispositions to disease, homœopathy stands practically alone.

Though long considered one of the greatest achievements of medical art, no other school of medicine ever successfully inaugurated a system of therapeutics having in view the eradication of the so-called inherited disease tendencies. Efforts had indeed been made through most varied means, but without any well-defined and matured plan, to reach beyond the immediate diseased state and attack the inner hidden cause of disease. Such efforts, however, proved futile, owing not only to the faulty pathology upon which they were based, but to the absence of any reliable therapia.

These early experimenters were led by misguided empiricism only; they wrought under the inspiration of erroneous theories based upon defective observation of insufficient facts. The poor, trusting, but deluded victims of their irrational treatment, swallowed noxious draughts and nauseating potions as spring made its annual return, yet disease with ever-increasing power persistently maintained its merciless grip.

Such, indeed, was the history of medicine prior to the time of Hahnemann. The practice was both faulty in its mode and fruitless of good in its result. Yea, often so lacking in reason as to afford rich opportunity to both novelist and caricaturist—opportunity which they failed not to abundantly employ.

Who does not remember the vividly ludicrous yet almost sad scene at "Dotheboys' Hall," so inimitably portrayed by Dickens. Mistress Squeers is administering the usual morning potion of "brimstone and treacle." "They have the brimstone and treacle," said she, "partly because if they hadn't something or other in the way



of medicine they'd be always ailing and giving a world of trouble, and partly because it spoils their appetites and comes cheaper than breakfast and dinner."

Bloodletting, purging, vomiting, sweating, salivation, vesication, setons and kindred erroneous measures were in turn employed in delusive efforts at reaching some deeply-rooted constitutional cause. Every element of error seemed to seek lodgment in the theories and practice of the dominant school. Not only did this ignorance manifest itself in their application of drugs to disease, but they appeared equally lacking in knowledge of the essential elements of both public and private hygiene and sanitation.

Sixteen centuries had added their sufferings and distress to the weight of human woe since Galen gave to the world the results of his observations in medicines and the theories which he based thereon, yet the schools still clung with the tenacity of zealots to his mistaken notions of drug-action and disease—they still sought through the same antiquated and erroneous theories to reach the avenues of real knowledge.

True, many individual physicians fully appreciated the inadequacy of the methods taught and the practices employed. Here and there one raised the voice of reform, but each in turn failed to reflect abroad the ray of truth which illumined his mind and the world was left apparently unbenefited, unimproved thereby; nevertheless, each such ray may perchance have had its influence upon later searchers leading them nearer to the source of light. Real knowledge of the cause and cure of chronic forms of disease was, however, wanting. Hahnemann, in the Introduction to the *Organon*, writes as follows: "The fundamental cause of chronic (non-venereal) diseases, together with their remedies, remained unknown to those practitioners, vainly boasting of casual cures and their diagnosis founded on the investigation of the genesis of the disease. How was it possible for them to cure the immense number of chronic diseases by their indirect methods, which were but pernicious imitations of the non-rational vital force in its spontaneous efforts for relief, never intended as a model for the treatment of disease. They regarded the imaginary character of the affection as the cause of the disease, and consequently directed their *causal-cures* against spasm, inflammation (plethora), fever, general or partial debility, putridity, infarctions, etc., which they thought to remove by their (only super-

ficially known) antagonistic remedies known as antispasmodics, anti-phlogistics, tonics, irritants, antiseptics, dissolvents, resolvents, derivatives and evacuants." Such was the gloomy picture presented by medicine at the beginning of the present century. With all the vaunted progress of the schools, chronic disease relentlessly reigned and claimed its countless victims.

Repeated failures led to the conviction that the devitalization of the seed of disease was practically impossible—the inheritance a deplorable but unalterable fact.

Like unto the Macedonian cry for help, so the sick and afflicted appealed unto the learned in medicine, and here as in every epoch of history, "man's extremity was the Lord's opportunity." One learned in medicine and endowed with requisite wisdom was called, and through him the mysteries which surrounded the curative treatment of disease were slowly but surely solved.

In Hahnemann we see revealed a character peculiarly fitted for the work of reform. Richly endowed by nature he possessed indefatigable zeal, great learning, surpassing powers of observation, keen perception, and well-balanced judgment coupled with ripe experience and a severely critical mind. His associations were with the leaders of the dominant school, and his ability was recognized by all who knew him. His opportunities for the observation and correlation of facts were ample, and his acquaintance with all former prominent theories of medicine enabled him to critically compare facts and theories and thus guard against error.

He was withal a sanitarian of advanced views, as is clearly manifested in his essays, published under the general title, "The Friend of Health," Frankfurt, 1792; as well as his later essays, "Cure and Prevention of Asiatic Cholera," and "An Appeal to Thinking Philanthropists Respecting the Mode of Propagation of the Asiatic Cholera."

But beyond all this Hahnemann was a skilled physician, and though thoroughly appreciating the advantages of both hygiene and sanitation, he at the same time saw the necessity for the development of a true *therapia*, in order that disease might be directly attacked with the intent of cure.

Though Hahnemann was not the first to appreciate the elements of uncertainty in everything pertaining to practical medicine, for many writers had expressed themselves in no uncertain voice in refer-

ence thereto, it remained for him to boldly break the bonds of ignorance and prejudice by which the schools were held, and declare himself free—free to apply the tests of observation and reason to matters within the realm of medicine, unfettered by past prejudice, usage, or association. Holding the truth higher than the dictum of a school, and systematized observation of facts far more worthy than the conglomeration of theories upon which the practice of the dominant school rested, his love of truth was so great that he was willing to sacrifice his prospects of professional preferment and social position in order that he might give to the world a comprehensive and true system of medicine for the healing of the people—a system, through the application of which the constitutionally depraved might be imbued with functional vigor capable of overcoming inherited disease tendencies—a system built upon one of the immutable laws of nature, enduring as the eternal hills.

The standard which he erected and by which his new system was to be judged, we find recorded in § 2 of the *Organon*, in the following words: "The perfection of a cure consists in restoring health in a prompt, mild and permanent manner; or, in removing and annihilating the disease in its entirety in the shortest, most reliable and safest manner in accordance with clearly intelligible reasons." He says further, in regard to the physician in § 4 of the *Organon*: "The physician is at the same time the conservator of health when he knows the influences which disturb health and which cause and maintain disease, and knows how to remove them from healthy persons."

From these quotations it will be seen that Hahnemann sought not only to cure disease, but to eradicate the tendency thereto by removing from the healthy all causal influences. Preventive medicine truly had its origin in Hahnemann's teachings.

The principle under which the cure of disease must be accomplished was recognized by Hahnemann as early as the year 1790, though it was not until 1796 that he published in Hufeland's *Journal* his "Essay on a New Principle for Ascertaining the Curative Powers of Drugs," in which he first declared that we should "employ in the (especially chronic) disease we wish to cure, that medicine which is able to produce another very similar artificial disease, and the former will be cured, *similia similibus*."

With the discovery of the law, Hahnemann recognized the neces-

sity for the development of a new *materia medica*, and, in the essay just referred to, after criticizing the lack of progress and the faulty methods until then employed, he expresses himself as follows: "Nothing, then, remains but to test the medicines we wish to investigate on the human body itself."

Hahnemann did not stand alone in his estimate of the value of the accepted *materia medica* of his day. Thus we find Withering in his excellent work on *Botany*, London, 1776, commenting upon the *materia medica* notes in his work as follows: "Many persons will be surprised to find so little said upon the medical virtues of plants; but those who are best enabled to judge of this matter will, perhaps, think that the greater part of that little might have been omitted. The superstition of former ages operating upon the ignorance of mankind, gave rise to miracles of every denomination, and the fashion of combining a great variety of ingredients with a design to answer any particular purpose, rendered the real efficacy of any of them extremely doubtful. The dreadful apprehension that men formerly entertained of poisons, made them fearful of employing substances that were capable of doing mischief, and therefore they rejected those that were most likely to do good." "In this situation of things little advantage can be reaped from the experience of former times; we shall sooner attain the end proposed if we take up the subject as altogether new."

Twenty years later little if any advance had been made in the study of drug action. At this time Hahnemann published the aforementioned essay upon the law of cure and the true method for ascertaining the curative powers of drugs. He fully appreciated the fact that without a reliable knowledge of drug pathogenesis there could be no intelligent treatment of disease. He was also equally aware of the fact that many acute affections are self-limited in nature, hence he recognized the necessity for the development of a system of treatment which could successfully cope not only with the acute but with the more persistent chronic forms of disease. His numerous experiments, accurate observations and critical reasoning, assured him of the truth of the law, yet for years the results in the treatment of chronic affections remained unsatisfactory. He sought long and earnestly for the source of failure, and haply was abundantly rewarded for his faithful efforts.

In 1816 he began a systematic study with special reference to the

cause of failure just noted, but it was not until 1827 that he felt fully prepared to make known the results of his researches, by the announcement of his theory of the three chronic miasms, *i.e.*, the psoric, the syphilitic and the sycotic. These Hahnemann declared constituted the basis upon which the multitudinous forms of chronic disease were developed.

It would not be within the scope of a paper such as this to speak at length upon the Hahnemannian doctrine of psora, nevertheless as such signal success has crowned the treatment of hereditary predispositions to disease under the guidance of the law of similars applied in accordance with principles taught by Hahnemann and developed directly upon this doctrine, a few thoughts thereon may be permissible.

By the term psora Hahnemann designated the internal cause, the constitutional miasm, of which he regarded scabies as the oldest known skin manifestation. He also referred to eczema, erysipelas, herpes, lepra, etc., as but other manifestations of the same internal cause. When we contemplate the constantly varying forms of chronic disease, and see how every organ and tissue of the body may be brought under the influence of the perverting force, we are led to feel that equally varied must be the constitutional causal influences. Yet on reflection we find in this but another corroboration of the wonderful scope of nature's laws. Here again we are confronted with the marvellous power by which under the action of comparatively few laws the worlds are formed and held in space, the minutest life thereon guided and controlled. Knowing this, dare we deny the possibility, yea highest probability that in disease also, nature under the action of but few causal influences determines the most diverse forms of functional and organic disease.

When we trace the intimate relationship between the various chronic cutaneous affections and the taints of disease discoverable in preceding generations, or observe the frequent development of brain or visceral lesions subsequent to the suppression of such local skin manifestations—lesions which preferably assume a more chronic form, and which yield only on the recurrence of the cutaneous symptoms, we must acknowledge the evidence of a most intimate relationship between the external affections and the subsequently developed deeper and more deadly forms of disease. Again, when under the law of similars we see such cutaneous affections radically cured without the

sequence of any untoward symptoms, and further, observe visceral lesions which have developed upon the suppression of the skin disease by local treatment promptly subside under the reappearance of the eruption, then surely we should be confirmed in our faith in the teachings of that old master of medicine—Hahnemann.

Every observant physician has been impressed with the marked constitutional characteristics manifest in certain members of a family, characteristics which give evidence of peculiarities found in either maternal or paternal line. Just as family likeness in feature and form are transmitted, so family faults, mental or physical, descend from parent to child through many generations. In fact these latter seem to manifest themselves with even greater persistence than those features of strength and health which constitute so desirable an inheritance.

Left to unaided nature such diseased conditions steadily progress, destroying every vestige of health, ultimately leaving the poor sufferer stranded upon the shores of time, a wreck of humanity, a being to whom death comes only too tardily, a deliverer before time. Hahnemann deeply regretted the failure of old Galenic medicine to afford a way of escape, and sought to awaken among the members of his school a desire to reach and understand the true philosophy of medicine. He also deeply deplored the utter lack of any system of hygiene, and earnestly sought to enlighten both profession and laity therein. He appreciated the advantages of suitable environment for each individual case. He taught the importance of open air, good ventilation, plain food, sufficient exercise, and a cheerful disposition, as well as the avoidance of stimulants and all excess. He understood full well that the poorly clad and illy nourished child of poverty and factory toil, with the seeds of scrofula or consumption (psora) implanted at birth, might in many instances be spared to life and health by an early removal from the confines of the city and afforded the advantage of fresh air in combination with out-door life in the country; or that the young man developing pulmonary tuberculosis in the superheated, poorly ventilated, and badly lighted counting room might speedily recover his wonted health by "roughing it" in field or mountain, a course through which a power of resistance may be developed sufficient to overcome the assault of this fell destroyer. In a word, that out-door labor and sports coupled with hygienic regularity of life do much to remove the effects of unfortunate he-

redity; nevertheless he also understood that we as physicians must be provided with other means when the appeal for help comes from those to whom such radical change in mode of life is practically impossible; or, where notwithstanding such change health fails to return. In just this latter class we often have opportunity to witness most brilliant results from medicinal remedies applied under the law of similars, while in the former we may observe more prompt and sure results than where hygiene alone is listed in their aid.

Who but can recall typical cases in which the practical truth of the theory first elaborated by Hahnemann has thus been wonderfully demonstrated.

Do we not find many instances in which a family history of tuberculosis, cancer, gout, etc., repeats itself generation after generation until one long line of suffering, scarcely broken by even happy childhood days, seems to make up the burden of its story? Yet who among us treating from early infancy, such heirs of unfortunate heredity but finds the story change its lines of sadness into those of joy, its sobs and moans into peals of laughter and sounds of rejoicing.

Again, viewing the picture from another standpoint we find that a multitude of the victims of tuberculosis were in early infancy afflicted with one or another form of cutaneous disease. False sympathy or ignorance led to the employment of external remedies which, though they may have destroyed every vestige of the local condition, failed to eradicate the internal disease, which alone made them possible.

The careful study of facts such as these, for more than a decade, led Hahnemann to the firm conviction, that that which had till then been tentative must now be accorded the position of established truth, hence he gave to the world in 1828 his first volume of the *Chronic Diseases*, in which he elaborated the new doctrine. This was soon followed by the volumes devoted to that portion of the materia medica which experience had taught him was especially adapted to the treatment of those forms of disease which were based upon one or other of the three chronic miasms. These volumes completed Hahnemann's greatest work, *Die Chronischen Krankheiten*. A work which will ever remain a monument to the brilliant powers of observation and philosophical acumen possessed by one who in the near future must be acknowledged by the medical schools to be the master mind of the early part of the nineteenth century. Hahne-

mann not only inaugurated but lived to elaborate and establish a new and perfected system of medicine.

Recognizing the importance of heredity as a factor in disease, Hahnemann sought to impress the profession with the fact that the early history of the patient offered symptoms of as much importance, and equally a part of the present diseased state, as though these early manifestations were still existent. In other words, according to Hahnemann's teachings, the past history of any given case of chronic disease is essential to the completion of the present picture of the same, and, consequently essential not only to a correct diagnosis, but especially necessary to the choice of the specific curative remedy.

This leading thought was really a new departure in medicine. The symptomatic treatment until then in vogue was so largely directed toward the amelioration of existing pains and discomforts that but little importance was attached to the remote, though often most important, condition-symptoms, which, in fact, frequently form the most reliable guides in the selection of the true similitum.

Herein do we find the generic idea from which grew the entire system of the curative treatment of constitutional predispositions to disease.

Long before defined disease has placed its ineffaceable mark, signs and symptoms of its possible development are manifest to the trained observer. Through these oft seemingly trifling ailments the conscientious prescriber is enabled to rescue such sufferers from an otherwise pain-racked, joyless existence.

In this field homœopathy has won laurels such as no other school of medicine ever attained. To the homœopath every symptom manifested, even in the new-born babe, points unerringly to the remedy which may prevent the development of some form of inherited affection.

Thousands already during the early days of life bear upon them the evidence of disease—psora usually, though possibly syphilis or sycosis. That rosy-hued infant, with skin soft as velvet, for whom life seems to promise so hopefully, soon begins to fade; the skin looks old and is covered with an unsightly rash, jaundice adds its unmistakable sign, and soon the stomach and bowels become involved in the diseased progress. The early promise gives place to sad forebodings. Hope is deeply overshadowed by despair. Now



let palliative symptomatic treatment be employed. Leptandrin, Podolph., Bellad., Tarax., Hydrarg. cum creta., Lime water, Opium, Sodæ bicarb., etc., looking only to the forcible unloading of the liver, relief of the spasmodic retention of bile, allaying the irritation of the stomach or checking the diarrhœic stools, and though the immediate object may be temporarily attained, the diathetic diseased state will in numberless instances progressively increase, and eventually result in serious gastro-intestinal, hepatic, or, perchance, cerebral lesions—lesions which demonstrate the validity of Hahnemann's theory of a constitutional *miasm*, call it by whatever name we will, sufficient to convince even the most skeptical, if but willing to accept the logical deduction of facts. Under allopathy these valuable early indications for a curative treatment—a treatment that will result in the betterment of the future physical and mental condition of the sufferer—are simply ignored. Present relief takes precedence over real cure, and as a consequence we find drugs *ad nauseam*, remedies few.

How different the results of a purely homœopathic treatment of these psoric affections. The action of the properly selected remedy may not be so immediately apparent, but its effects will not only be more lasting, but infinitely superior to all the allopathic symptomatic treatment ever devised. Penetrating to the very root of the evil, its effects are curative, not merely palliative.

Multitudes of the victims of tuberculosis and other forms of hereditary disease might to-day be in the enjoyment of comparative health had physicians but understood and fully appreciated the importance of systematic treatment of the infantile diseased states—a treatment strictly in accordance with the law of similars. Failure in this respect causes, undoubtedly, large increase in the mortuary reports from tuberculosis and other psoric diseases. It cannot be gainsaid that watchful care during the early period of such hereditary diseases will greatly reduce the probability of serious development in later life, and, as a consequence, we have not only increased health and comfort, but increased longevity. Thus, while adding to individual life, we find homœopathy acting directly as a great economic factor in that just in proportion as it increases the health and longevity of the individual, it increases the content and happiness as well as the wealth and power of the nation.

A careful and extended survey of the results in families who for

twenty and more years have continuously been under homœopathic care affords abundant evidence of the fact that the percentage of developed hereditary disease of tubercular type is extremely small—quite too small to be attributed to mere chance. This holds equally true in other forms of hereditary disease. The law being true must also be universal in its sphere; results prove this axiom.

Hahnemann was not content to give a theory only, but wrought out in his daily practice every problem which presented itself to his inquiring mind. He not only proclaimed the law of cure, but through his mighty intellect and unflagging zeal he developed a knowledge of the means and methods to be employed in accordance therewith—a result only to be attained through an amount of labor and original research so stupendous that we to-day look in wonder and admiration at the completed work.

Hahnemann devoted years to the proving and reproving of drugs, thus developing a knowledge of drug-effect far surpassing in accuracy and scope that attained by any other one original investigator within the history of medicine. That portion of his *materia medica* found in four of the volumes of his work on *Chronic Diseases* constitutes the most valuable collection of remedies now known for the radical cure of chronic forms of disease or for constitutional predisposing conditions leading to the development thereof.

Among the early practitioners of our school undue stress was laid upon a very few remedies for the treatment of such predisposing causes; in fact, some centred their hopes almost exclusively upon Sulphur and *Calcareo carbonica*. This, however, was not in accordance with the teachings of Hahnemann, nor has it been in accord with the teachings of subsequent experience. Individuality is even more essential to the correct treatment of these constitutional states, and of the chronic diseases developed thereon, than to the successful conduct of acute forms of disease; hence the list of remedies employed has gradually increased as observations have multiplied.

In fact, to elaborate the therapeutics of constitutional predispositions to disease would be but to repeat the *materia medica* of antipsoric remedies, to which must needs be added, for peculiar individual states, every remedy in the *Materia Medica Pura*. Nevertheless, as some remedies are endowed with more comprehensive pathogenetic effects than others which, though of great importance, are more rarely indicated, it may not prove unprofitable to

give a brief *résumé* of the indications pointing to those most frequently employed in practice.

Every remedy is endowed with a pathogenesis peculiar to itself and differing in essential features from every other possible remedy ; thus for instance we recognize our Sulphur child by its undue sensitiveness to open air and wind ; its aversion to bathing, or to the touch of the comb or brush ; its rough dirty looking scaly and itching skin (similar to psorinum), easy abrasion of the skin ; fitful sleep at night ; tendency to intertrigo, papular eruptions, erosions around the anus ; frequent attacks of weakness, sinking spells usually toward noon ; early morning diarrhoea usually offensive ; or, alternation of diarrhoea and constipation ; and further the tardy convalescence from, or easy relapse during even trifling complaints, all presenting a picture most easily recognized and when its indications are heeded a few doses of Sulph. 30th or higher will change the whole life of such a little one, making possible that greatest of blessings, health.

Again who would fail to recognize the call for *Calcarea carbonica*, in that pale, puffed, leucophlegmatic child, with its wide open fontanelles, irritable mood and continued fretting or crying ; its retarded dentition ; disposition to glandular swellings especially of the cervical or mesenteric glands ; the bloated abdomen, sour vomiting, constipation or diarrhoea, whitish stools ; the flabby muscles ; dry and flabby skin or profuse sour head-sweat and cold, damp feet ; retarded bone development ; slowness in learning to walk ; disposition to "catch cold easily" from which is developed a bronchial catarrh accompanied by a troublesome cough with both rough and fine râles, or its near relative the *Calcarea phosphorica* in which we also observe the lack of strong osseous tissue ; the bones of the extremities grow rapidly in length but lack in strength ; the cranial bones are soft and thin and under pressure emit a crackling ; the fontanelles remain open, or reopen after having closed. There is marked debility but not the phlegmatic temperament of the Calc. carb. The weakness of the muscles is often so great that the child cannot hold its head erect ; the face is sallow, or earthy looking ; dentition is retarded ; thirst is great, the child wants to nurse all the time (arsenic may be erroneously given) vomiting is frequent though easy ; the stools are usually green and slimy, diarrhoeic. During dentition we frequently observe cough, either loose or dry ; suffocative attacks may occur when the child is lifted from the cradle or bed.

Next in frequency is probably Silicea. Here we observe a head disproportionately large, the fontanelles are too large, they close too slowly; the child is obstinate and irritable, cries when kindly spoken to; we also find profuse sour-smelling sweat on the head; marked emaciation and lack of bone development, in all which there is great resemblance to Calc. carb. The sweat on the head is however more offensively sour; the stools are dark and when of diarrhoeic character are excessively offensive. In many cases we observe constipation, the rectum seeming to lack power to expel the fæces. Stool will be partially expelled and then recede. The abdomen is usually distended and may be both hard and hot. In the Silie. patient we almost invariably have an offensive foot-sweat, which causes excoriation between the toes. This remedy though often indicated in infantile diseased states is even more frequently called for during the years of advancing growth.

Magnes. carb. also presents a picture of slow dentition with emaciation, though it lacks the marked deficiency in osseous development so prominent in the Calcareous salts and Silicea. It is characterized by loss of appetite; emaciation; sour vomiting and sour breath; occasionally constipation but more commonly persistent green, sour-smelling diarrhoea preceded by colic. It is frequently indicated during the first week of life by the greenish diarrhoeic stools and colicky pains accompanied by cold hands and feet. In such cases I have found the 30th potency to afford very satisfactory, often almost immediate results.

Magnes. mur. has greater distension of the abdomen and marked constipation, the stools are dry and crumbling. Region of the liver is enlarged and hard. The Magn. mur. is especially adapted to children of nervous temperament and irritable disposition with tendency to glandular enlargements; puny rachitic children; lax fibre; frequently we may observe a sour odor from the body.

Natrum carb. is seldom indicated in the infantile forms of disease heredity though it is very useful during and after puberty. In it we find the leucophlegmatic temperament though not so marked as in Calc. carb. There is usually an aversion to open air and dislike to either physical or mental exercise. Anæmia is marked; also emaciation, though in some cases the body may be bloated especially in the morning. A very characteristic condition of Natr. carb. is the "easy dislocation" and "tendency to spraining" of the ankle;

the ankle gives way when walking—"turns under." A prominent constitutional indication is the great debility excited by the heat of the summer. Chronic symptoms following sunstroke often call for its use. Hering says: "may have been overcome by heat years ago and now with return of hot weather suffers from headaches." Swelling of the cervical glands is not uncommon. Goitre occasionally occurs, right lobe of the thyroid is most enlarged.

*Natrum mur.*—This remedy has a wide field of action and is equally adapted to the indications found in early childhood and those of advanced age. It is however, especially useful during and soon after puberty, years during which neurotic affections, chlorosis and tuberculosis are so readily developed. The symptomatic indications for its use are so numerous that one dares scarcely select any as especially prominent, nevertheless it may be well to emphasize a few which are so commonly present as to almost deserve the term "key-notes." Among these are emaciation, especially of the muscles of neck; this has proved a valuable indication, often occurring in cholera infantum, as frequently observed by Hering. Great weakness and relaxation of all physical and mental powers from the least exertion; this symptom is very similar to that of *Arsenicum* but in *Natr. mur.* we have disinclination to move with great heaviness and indolence, in the morning, a condition which clearly differentiates between these remedies. The *Natr. mur.* mental symptoms are usually characterized by depression, sadness and weeping; consolation only aggravates and excites anger; palpitation of the heart is a frequent accompaniment. The chloritic and tubercular states calling for *Natr. mur.* have these mental symptoms very marked.

*Phosphorus* is a remedy of great utility, yet I know of none more frequently abused by too frequent use. In the early stages of tuberculosis it is often expected to play a rôle to which it is not adapted. Failure to secure favorable results often induces the use of lower potencies and more frequent repetition, only to destroy every chance of recovery. Destructive degeneration of tubercular masses is hastened by such injudicious use of this remedy. Its tendency to produce fatty degeneration hastens the fatal issue instead of affording relief to the patient. But time will not permit extended remarks upon individual remedies. To prove more than finger-posts on the therapeutic way the indications must needs comprise the complete

pathogenesis of each antipsoric as well as of each antisymphilitic and antisyctic of our *materia medica*.

Of the remedies not mentioned by Hahnemann as antipsories to which I would still call your attention is the Aurum mur. natr. This remedy in the 3x and 6x trituration has afforded such signal service in the treatment of indurations of the cervix uteri that I have learned to regard it with especial favor. It certainly deserves thorough proving. The symptoms recorded in Hering's *Guiding Symptoms* form so far as they go, reliable guides. The mental state is quite characteristic. The feeling of unrest and impatience, and the disposition to be easily vexed, coupled with a tendency to a generally cheerful mood, have been strongly confirmed in my experience. In ascites, dependent evidently upon obstruction of the abdominal lymphatics and accompanied by great enlargement of the cervical and axillary glands it has been eminently serviceable. Hepar followed it well. Another remedy not to be overlooked is the Kali bichrom. In asthmatic affections of chronic character, also in the senile form where accompanied by great cardiac debility, this remedy has afforded brilliant results. Too frequent repetition of the 1x trituration has been followed by œdema of the feet and legs. Its pathogenesis has been very fully given in the *Materia Medica, Physiological and Applied*, London, 1884. An excellent condensation may be found in Hering's *Guiding Symptoms*. In constitutional conditions coupled with symptoms of the lungs and heart it should not be neglected. Its field of action is, however, quite extended and as an antipsoric it deserves greater study. Both time and space warn me to close. Let me then finally urge upon those who may not have given the treatment of constitutional predispositions to disease that attention which the importance of the subject would warrant, that they arouse themselves to greater effort and increasing zeal. May we all devote our best energies toward the development of this greatest boon which Hahnemann, through homœopathy, was permitted to bestow upon mankind.

*HOMŒOPATHIC MEDICINES AS PROPHYLACTICS  
AND HOMŒOPATHIC CONSTITUTIONAL  
TREATMENT.*

BY P. DIEDRICH, M.D., KANSAS CITY, KAN.

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THE first paragraph of Hahnemann's *Organon*, "The physician's highest and only duty is to restore health to the sick, which is called healing," is rather too limited in our present time, and should be amended as follows: "The physician's highest duties are, first, to prevent all preventable diseases; and, second, to restore health to the sick."

The prevention of diseases is a science equally important, if not more so, than the curing of the sick. Millions of young and adult lives are lost annually, falling the victims of preventable diseases, and hence, anything aiding State boards of health and sanitarians in their continuous warfare against these human foes is valuable and worthy of consideration. Acknowledging the great good already accomplished in that line, I believe far more can be done if we understand better the law of the similimum. Homœopathy as a preventive system is no less powerful than homœopathy as a healing art. The whole realm of preventable diseases comes within its range. Not only one, or a few, morbid conditions, but all preventable diseases can be successfully averted by this system. Like cures like is true, and like prevents like equally so. Both are reliable principles, and failures occurring, either in curing or preventing, the fault is not with the principle, but with the practitioner. When the essentials of homœopathy are ignored, a satisfactory result cannot be expected, and failures are due entirely to ignorance or carelessness.

In the following, a few hints are given as to the rules to be observed in the application of the homœopathic principle, "Like prevents like." First of all, a close observation and careful study of the disease in question is necessary, in order to select an effective preventive medicine. It is well known that diseases vary, assuming

different forms according to the prevailing *genius epidemicus*. The simple diagnosis of a case, as scarlatina, is not sufficient to justify the administration of Bell., either as a curative or prophylactic remedy. If Belladonna symptoms are predominantly present, then we are right in prescribing it, but otherwise, no good results will follow its use. And so in cholera Asiatica. It may be a case of Camphora, but it is not invariably so. Sometimes, the principal symptoms indicate Cuprum, or Arsen., or Verat. alb., etc., and in these cases Camphora is worthless, either as a curative or preventive agent. Diphtheria also presents itself in various forms. Mercurius biniodide in my hands has proved to be very efficacious, yet it is far from being a specific, and to administer it, or Apis, or Phytol., or any other medicine, without special indications, will have no salutary effect. But how is it in variola, where we invariably use the same method as a preventive? Does variola never change? Is vaccination a preventive in every epidemic? A successful vaccination with cow-pox virus is, in my opinion, the best preventive; but, whenever variola changes essentially in its manifestations, then, according to the principle, "Like prevents like," vaccination with cow-pox virus ceases to be a preventive. To meet the changed form of the malady another method than vaccination must be used in order to be preventive. Sulphate of quinia, in many parts of this country, is used extensively as a preventive of malarial fevers. It does prevent, but only in certain well-defined conditions. The indications of the drug are clear cases of intermittent fever, paroxysms with chill, fever, sweat, and apyrexia. In this form of intermittents Quinia cures, or prevents, as the case may be. Typhoid fever, can it be cured? Are medicines of any value in this fever? If they are effective as curative agents, then they are valuable as prophylactics, too. When many cases of typhoid exhibit a marked delirious stupor, confusion, scattered feeling, face dark-red, besotted expression, tongue thick, foetid odor from mouth, prostration, etc., I am sure Bapt.  $\theta$  is the remedy, not merely as a curative to the sick, but also as a prophylactic to the healthy.

I advocate this principle of homœopathic prophylactics as a general law, applicable to all preventable diseases, contagious and epidemical. And more than that, it can be used in all intermediate, that is, sub-contagious and sub-epidemical diseases, too. This latter class of morbid conditions is frequently met with. Their character



is doubtful, and a correct diagnosis is difficult to arrive at. Are they contagious, epidemical, endemical, or merely sporadic cases? A correct answer to this may be almost impossible. But never mind the name, or classification; treat them always according to the signs and symptoms, and if a prophylactic is required, the principle, "Like prevents like," shall form the basis for the selection of the remedy.

A point of difficulty may arise in such cases, where many remedies have been administered during the course of a preventable disease. Which one of these remedies shall be given as a prophylactic? Usually, it is no hard task to decide this question. The intercurrent remedies are easily recognized from those having a great general pathogenetic similarity to the diseases, and the latter always are the true preventive remedies. An intercurrent remedy should never be given as a prophylactic.

To be effective, preventive medicines should be given low, and repeated as often as necessary to produce a decided impression upon the healthy system. A high potency, and a single dose, may have some virtue in a very few cases, but in the large majority I believe it would be a preventive without prevention. I use the mother tincture up to the 3x potency, or the crude drug up to the 3x trit., as the case may be; repeated from one to six hours, until some effects of the drug are perceived in the person.

I have practiced this system satisfactorily in:

Scarlatina, Bell., 1 or 2x.

Measles, Bry., 1 or 2x.

Whooping-cough, Dros., 1x.

Diphtheria, Apis mel., 1x, or Merc. binj., 2.3x tr.

Cholera Asiatica, Camphora  $\theta$ .

Typhoid fever, Bapt.  $\theta$ .

Intermittent fever, Quinia, gr. j. or ij.

Malarial remittent, Gels.,  $\theta$  or 1x.

Epidemical dysentery, Merc. corr., 3x trit.

Epidemical ophthalmia, Euph., 1x.

I would not hesitate a moment to recommend and employ this system in yellow fever, typhus, epidemical, cerebro-spinal meningitis, etc., and in every instance where a preventive medicine may be required.

Finally, I wish to state that the administration of homœopathic

prophylactics does not exclude, but goes hand in hand with all other well-known sanitary, hygienic, and dietetic rules and regulations.

*Homœopathic Constitutional Treatment.*

The preventive system embraces still another class of diseases. Our physically deteriorated race begets countless numbers of children annually, in whom a predisposition to constitutional diseases gradually develops. Can anything be done to correct this hereditary evil? Is there no help for these poor innocent ones, suffering for the sins of their ancestors? I believe there is help. A homœopathic constitutional treatment will do wonders for these unfortunates. The antipsoric remedies, *i.e.*, the constitutional homœopathic medicines, are most powerful in their effect upon the young. Under their action the abnormal condition of the tissues is revolutionized, and a great change in the system takes place. In the innermost recesses of life, in the minute cells where microbes, bacteria and bacilli, ptomaines, and leucomaines abide, fiercely attacking each other and fighting for supremacy, there enters also the subtle, dynamic power of the constitutional homœopathic remedies, and gradually, but irresistibly, the evil-doers in the cell commonwealth are conquered and eliminated from the system. The following remedies are of superior value as constitutional remedies: Sulph., Calc. carb., Calc. phosph., Hep. sulph. cal., Silic., Phosph., Iod., Arsen., Con., Aur. met., Baryta carb., Thuja occ., Mercury, Nitric, Sulphuric, and Phosphoric acids, etc. These few may suffice to show the class of remedies considered by me pre-eminently constitutional remedies.

The principles and rules governing a homœopathic constitutional treatment are as follows: The law is, "Like prevents like." For a practical application of the law two pictures are required. One, a family group of the ancestors and parents, as complete as possible, as to their particular constitutions, habits, etc., and another one of the child receiving the treatment. With these two pictures in mind, and a thorough acquaintance with the homœopathic materia medica, it will be, in most cases, an easy matter to decide as to the proper similitum for the case in question. Sometimes, it may be well to commence treatment of an unborn child. Of course, in those cases, the family group picture—that is, the history of the ancestors, parents, and older children—is the only guide to the selection of the remedy.

The necessity of such a treatment in numerous cases is obvious. Think of hydrocephalus acutus in infants, etc.

In regard to the dose, it is almost unanimously conceded that high potencies should be administered. Under high potency I understand the 20th to the 200th decimal. A repetition of the dose should take place only at long intervals, say once daily, weekly, monthly, bi-annually, annually, or indefinitely postponed, as the case may indicate. The proper dose and repetition should receive careful consideration, as the good effects of the treatment depends largely upon them.

This treatment, in connection with modern sanitation, hygiene, and dietetics, will prove to be truly preventive of the development of a predisposition to all constitutional and sub-constitutional diseases. Health and happiness will reign supreme when homœopathy becomes generally known and intelligently practiced to the full extent of its curative and preventive principles.

#### DISCUSSION.

T. F. ALLEN, M.D.: It has given me most extreme pleasure to hear these very sound and far-reaching papers read before you, and I wish I could express to you the strength and power with which this matter has taken hold of me. It has, year upon year, been borne in upon me, that it is in this direction chiefly our greatest success is to be obtained in the future, as perhaps our greatest laurels have been won in the past. In the treatment of chronic diseases it is too generally overlooked, that the cachetic condition of the patient is the predisposing cause. It is so in Bright's disease, tuberculosis, epilepsy, and in nearly all forms of so-called chronic diseases. Whoever attempts to cure his patient by the present symptoms, who attempts merely to palliate albuminuria, the pains of cancer, or whatever it may be which accompany these ills, will fail to cure his patient. We must go back in the history of our patient to the predisposing cause, the cachexia, call it psora or what you will. Symptomatology alone will not help us. In acute disease how often is it impossible to reach the disease with our acute remedies. We too often give Belladonna in scarlet fever, instead of Sulphur and Calcareo carb. We must look into the early history of the child, or perhaps even that of the parents, and get hold of the cachetic condition, then give the right remedy and the patient will get well. I believe it possible, aye, probable, not only to eradicate our inherited constitutional diseases, but to eradicate our acute infectious diseases. It is the experience of most of us, I think, that acute diseases attack our families less and less frequently; at least, that is my experience.

It seems to me that adults in perfect health will not contract these epidemic, miasmatic diseases; they will go free. We often see this—some get them, and others do not. I believe that acute or zymotic diseases cannot develop in a sound, healthy organism, and that we can protect our patients by means of our chronic constitutional treatment. Most of the sin and wickedness of this world comes through disease, and we are going to cure this acute disease, and the millennium is coming around through medicine.

J. C. MORGAN, M.D.: I am delighted to hear from my friend, Prof. Allen, so distinct an announcement of his homœopathic faith; I believed he had it, but it does us good to hear our friends tell it. I wish to briefly allude to the prophylaxis of acute infectious diseases, in remarks which I think you will see the justice of, in comparison with that by Belladonna in scarlet fever. I have found this remedy a reliable prophylactic in that disease. I would like to add to our prophylactic armamentarium, and I present it with much confidence, viz., *Lachesis*, as against diphtheria. The history of the drug would, *a priori*, show that there ought to be in this drug such a power. I have used lachesis, 200; one dose every fourth day being administered to each person exposed. The experience is only that of one; but I ask a trial by others.

In the next place I would call attention to the prophylaxis of cholera by Sulphur, as advised by Dr. Hering, namely, the wearing inside of the stockings of the *lac sulphuris*, the soft, smooth powder of Milk of Sulphur, or precipitated Sulphur. In all instances, the persons so using it, according to Dr. Hering, escaped an attack of the cholera during an epidemic. On my inquiring why he suggested Sulphur rather than drugs more commonly thought to be the remedies for this disease, he replied that there was no drug which corresponded so well with the beginning as well as with the middle, and with the typhoid reaction at the end of this disease, as Sulphur. The drug was absorbed, so that silver was blackened by the sweat. The results justified the diagnosis of the remedy. It should be effective also when taken in the usual form.

I wish to recall here a subject presented by myself to the Pennsylvania State Society some years ago, viz., the doctrine of evolution as applied to constitutional vices. The unity of origin of things has been a favorite idea in philosophy in all times. The single origin of diverse things is an attractive philosophical proposition, and it is equally so in regard to disease. Now let me illustrate the application of this principle of evolution to constitutional vices. For instance, let me say, "psora," or scrofula, may arise from syphilis. Some years since I heard a lecture by the celebrated syphilologist, Dr. F. F. Maury, of Jefferson College, on constitutional syphilis and its modifications, in which he used these words: "Scrofula! what else is this than quarternary syphilis?" Not long after, I witnessed two

cases presented in the clinic of Professor Duhring, of the University of Pennsylvania. A mother was there with a syphilitic babe, showing feet covered with the blebs of pemphigus. Which parent was syphilitic I do not now remember. This was a new-born child. Accompanying her was a little girl about two years of age. This older child had been brought to the clinic as a babe, as the other now was, and presenting the same syphilitic lesions. At this visit the child of two years had a grave and characteristic scrofulous inflammation of the eyelids, with blar-eyedness and muco-purulent discharge from the edges of the lids; also photophobia, a typical case. This had followed the manifestations of congenital syphilis, the same conditions now presented by the babe; having thus undergone evolution from a clear case of syphilis to just as characteristic a form of scrofula, viz., scrofulous blepharitis. The fact of this evolution of psora, or scrofula, or whatever you prefer to call it, from syphilis as a fundamental basis, as an original type of constitutional vice, is the thing I would urge here. As we have "modified smallpox," as in varioloid and varicella, so we have "modified syphilis," viz., scrofula.

A. P. HANCHETT, M.D.: I am in hearty sympathy with the papers and discussions, and would add a word upon the practical application of this subject in the treatment of acute diseases. The remarks of Dr. Morgan in reference to the use of Lachesis as a prophylactic in diphtheria touches upon the point I have in mind. Some six years ago while dealing with an epidemic of malignant diphtheria, and after losing several patients, I met, in one little sufferer that seemed about to die, some very characteristic indications for Lycopodium. I had been skeptical about any help to be had from this remedy in such a malignant form of the disease, but Lachesis and Mercurius in the various preparations, and Kali, and Eucalyptus, and Arsenicum, and many other remedies had failed to save my patients this time, though at previous times I had used them many times with prompt results. I gave the Lycopodium and with the happiest results. In this one double house I had ten subsequent cases, all of which I now saw had indications for the same remedy, and all of which promptly recovered. Those placed upon it at the onset of the disease had a very much milder form, and some scarcely admitted it could be this dreadful disease. I then asked myself, if there was a common influence, whatever that might be, that produced a large number of cases of sickness of the same or a similar character, and if the same remedy would cure when the disease was well developed, why will not the same remedy cure before the disease progresses so far, or before it is developed at all? For about a year, during which time I treated more than forty cases of diphtheria, I found Lycopodium the indicated remedy, curative in every instance, and apparently prophylactic also for I scarcely

ever saw more than one patient in any household. Then the type of the disease, as it appeared with us, changed, and I have many times prescribed *Lachesis* for both the curative and prophylactic action, *Apis*, *Phytolacca*, *Merc. biniodide*, *Kali Bichromicum*, and others. I now make it a rule as much to administer the remedy needed by my patient to all children, and often to adults that are in contact with a case. During the past year *Kali bichromicum* has seemed to be the *similimum* and the epidemic remedy for diphtheria, and has done noble work for me. An epidemic appeared in the Iowa State Institution for the Deaf and Dumb, which is located at Council Bluffs, and the medical department of which has been under my care for several years past.

The indicated remedy for these cases was clearly *Kali bichromicum*, and the same was administered to all once daily. After the first twenty or twenty-five cases, and when our system of prophylaxis was well established, we had no more cases. The patients were isolated, but many children were exposed who did not contract the disease, and I have felt that the truth of this method of prophylaxis is pretty well demonstrated.

A. WORRALL PALMER, M.D.: While speaking of the subject of prophylaxis in general, may I call your attention to *Apis mellifica* as a prophylactic in cases of diphtheritic contagion.

By the majority of our brethren, *Bell. 30 c.*, is conceded to be a prophylactic against scarlet fever. I believe that *Apis mel. 3 c.*, is almost as universal a preventive of diphtheria.

I do not claim originality in this subject, as this remedy was first thought of in this rôle by a German physician, and is mentioned in Dr. Neidhard's pamphlet on diphtheria. It has now fallen into almost total disuse from which I think it our duty to rescue it.

In order if possible to give you a little more confidence in this once discarded remedy, I would like to state that this medicine was tested, during three winters (three different epidemics) in a little less than one hundred (100) families of dispensary patients in New York city, with the result of only five cases of diphtheria developing in children who had taken the *Apis* before the membrane had made its appearance.

Inasmuch as these trials occurred in the crowded tenements of a city, where proper isolation is impossible, cleanliness the exception and other modes of prophylaxis very imperfectly carried out;—and besides the greatest precaution was exercised to differentiate between genuine diphtheria and the severe form of tonsillitis folliculosa;—I think such a result should induce us to use this to lessen the spread of this dread disease. Several friends are using this with apparently satisfactory results. It interferes with no other mode of prevention.

Would that a number of you gentlemen would test this; and it

will be considered a great favor if you will report to me either the success or failure of this procedure in your hands.

Dose.—A drop or two of the third centesimal dilution four times daily.

AUG. KORNDORFER, M.D.: Kali bichr. is mentioned as a valuable antipsoric in my paper. Another remedy, there mentioned, and one worthy our further attention, is the Aurum muriaticum natronatum. In my hands it has proved eminently serviceable in constitutional scrofulous conditions. One noteworthy case, now about cured, was that of a girl fifteen years of age. Nearly two years prior to my seeing her, she observed some enlargement of the cervical lymphatics; later the axillary lymphatics became swollen; about this time ascites developed. Under allopathic medication the ascites continued to increase, paracentesis afforded but temporary relief and was soon followed by increasing enlargement; she finally measured nearly forty-two inches in girth. About this time the case came into my hands. Hepar s. c. was given as antidotal to the Iodine which had been freely employed; later a careful study of the case led me to prescribe the Aur. mur. natr. Speedy relief followed the use of the third trituration in water; later the sixth was used. She now measures about twenty-six inches at the navel, and the cervical and axillary lymphatics appear quite normal. The symptoms, as recorded in Hering's *Guiding Symptoms*, especially those of the mind and the abdominal viscera, afford reliable indications for the selection of this remedy.

*THE IMPORT OF BACTERIOLOGY TO HOMŒOPATHIC THERAPY IN GENERAL.*

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IN order to learn what the newest branch of medical science may contribute to homœopathic therapy, a brief enumeration of those factors in which the former essentially consist, are necessary to a clear understanding of the subject.

Bacteriology, which at present is the chief servant of hygiene and of preventive medicine, is an inductive science, resting upon physics, especially microscopy; upon chemistry, especially the organic; upon physiology, especially of the warm-blooded animal, and upon pathology, especially of the specific diseases.

The study of bacteriology is necessarily minute, especially because of the great similarity of form of many distinct species of the organisms observed. It requires an extensive armament for its proper pursuit, partly of the finest character, and observers of experience and thorough previous training.

The direct results of this study, are:

1. The explanation of the various fermentations, of the various putrefactions, and of the various changes in the tissue of living plants and animals due to bacteria. The latter have reference to the metabolism of its appropriate food-substance by the bacterium, and to the effect of its excreted substances or its own dead substance upon the surrounding matter.

2. The knowledge of the immediate and ultimate effects of various substances upon the bacterium, mainly as food and as poison; the latter including the bacterium's own products, the oxygen of the air in many cases, and certain substances found in the blood of animals, besides extraneous substances such as corrosive sublimate.

3. The effect, immediate and ultimate, upon the bacterium, of physical changes in its surroundings, especially of temperature, and resulting in its increase, its death, or in a modified activity.



4. The knowledge of the modes of growth of various kinds of bacteria under various circumstances, and the physical and chemical changes produced in certain test solutions.

5. The knowledge of the general somatic effects upon the individual produced by bacteria in various states of vigor and activity, introduced into the animal organism, and the production of certain typical infectious diseases.

The indirect results of the study of bacteriology or of mycology in general :

1. The improvement of food and drink by exclusion of noxious bacteria, such as those of typhoid fever, cholera, and tuberculosis, and by the pure culture of organisms used for fermentation, in order, for instance, to lessen the production of fusel oil in the vinous fermentation.

2. The prevention of the accession of pathogenic organisms to the organism of man and of valuable animals by the air or by contact, such as the bacillus tuberculosis floating about in dust contaminated with dried sputum, or such as the bacillus anthracis, contained in the hides of animals dead of malignant pustule.

3. The effective hindrance of putrefaction by antiseptics, physical and chemical, such as salt, sugar, desiccation, alcohol, phenol.

4. The effective removal or destruction of the products, direct or indirect, of bacterial life by disinfectants, physical and chemical, such as chlorine, heat, etc.

5. The stoppage or diminution of the life activity of bacteria within the organism, and the removal or diminution of effect of their metabolic products, as by carbolic acid, or by the blood or serum of animals injected into other animals.

From the foregoing it is evident that the sphere of bacteriology is an enormous one. It has already found and established the cause of disease in relapsing fever, malignant pustule, tuberculosis, cholera, and glanders, as well as in other affections restricted to animals. It has found and rendered unquestioned the cause of typhoid fever, erysipelas, tetanus, leprosy, lupus. It has shown the probability of a mycotic origin for pneumonia, diphtheria, dysentery, diarrhoea, abscess, pyæmia, septicæmia, and la grippe. It has rendered the diagnosis of tuberculosis, typhoid fever, cholera, and other diseases simple and positive. It has cleared up the pathology of some of the most common diseases, and cast daylight upon local affections in

general. And finally, as already indicated, it is the main means of research and remedial resource in general and special hygiene.

But how does it affect therapy?

Obviously, respecting remedies, which in certain test solutions or in the organism, act in a manner contrary to or directly hindering the infection, this knowledge above detailed is of the highest import. Such a therapy is the application of antiseptics or of disinfectants to internal remedial use.

This mode of treatment has, as yet been found of limited value, chiefly for the reason that the substances so far employed in antiseptics and disinfection, which are capable of destroying or hindering the growth of bacteria, are also apt to possess a like power of destroying or stopping tissue change. To this there is already one marked exception, namely, carbolic acid or phenol; for this substance is a constant product in the healthy organism of the decomposition of albumen in the fæces, from which it is absorbed and finally passes off in the urine. Phenol is thus a ptomaine to the presence of which the organism is accustomed, and phenol is well known to be inimical to the bacteria which produce it, as well as to other bacteria in varying measure.

For those bacteria then to which phenol is a poison, especially if to them an active poison, the blood may be able to accommodate enough to hinder their increase.

Thus phenol would act therapeutically. That it does act therapeutically, often brilliantly, there is now no question. But there is a doubt whether it is as phenol that it acts, for we know, that in the blood it becomes associated with sulphuric acid and potash in the form of a double salt, and that when the available amount of these latter substances is taken up by the phenol, it begins to poison the organism, a point which is determinable by urinary examination.

On the other hand, the sulpho-carbolate of sodium possesses therapeutic power in septic diseases, and this compound is not known to disassociate in the blood, whilst the sulphate of soda is an antidote to carbolic acid, by virtue of forming the double salt with the phenol. Again, sulpho-carbolic acid is a powerful antiseptic and disinfectant.

It is now to be considered that the special products of the life activity of other bacteria than those normally found within the

organism, i.e., within its free canals, are, on the other hand, foreign to the organism, and therefore apt to be poisonous to it in smaller quantities than carbolic acid for instance. Such is the case with the complex substance named tuberculin, which is produced by the bacillus tuberculosis.

This substance will cause in the healthy in exceedingly small doses, a train of severe symptoms similar to those of pronounced phthisis pulmonalis. This effect will be produced also by far smaller doses in those suffering from tuberculosis, namely, in those who are already battling against a similar if not identical disease, and in fact by doses, which may almost be denominated infinitesimal. It is by such doses that the cures of various tubercular disorders have been effected.

From this severity of the action of minute doses, it is evident that there is but little provision in the organism for effecting innocuousness of the substance, such as there is for carbolic acid.

Whether there is such provision of a specific nature, is indeed uncertain. On the other hand the infiltration and semi-necrosis, which constitute the chief tissue changes in tubercle, form a wall that shuts out the bacillus from dissemination, and thus acts as a fortunate provision against extension of the disease process.

The two instances given of the curative action of the ptomaines stand on the border of a new field that opens itself in therapy. It is evident from them that bacteriology may go on to furnish an entirely new set of remedies for trial and proper proof of their action. But from the instances given it is also evident that they will differ in their action; for in the one case we have an action by pure contrariety, that, when used in large doses, directly hinders the growth of bacteria. In the other, the remedy capable in the sick or healthy of inducing similar symptoms to those of the diseases for which it is employed, acts, not by diminishing the activity of the bacillus, but immediately in a manner similar to that observed in the natural course of the disease.

The effective doses of this remedy are exceedingly minute, and in practice are being still further reduced in size.

Upon these single facts we might base speculation as to the action of remedies yet to be discovered amongst the ptomaines, but it is evidently too soon to perceive what the future may bring forth.

It certainly is possible that homœopathic therapy may become

enriched by a host of remedies such as the tuberculin of Koch, or rather with a host of substances possessing pathogenetic power and having to await a proper proving of their effects upon the healthy before extended application.

At present the discovery of such substances, the determination of their chemical character, and of their effects upon the animal organism, may well be left in the hands of the followers of Pasteur and of Koch, who are now filling medical literature with the accounts of their patient, thorough and skilful investigation, fostered in many lands by the resources of government.

To give an idea of the magnitude of the labors, let me note that during the year 1890, 1017 communications describing such investigations appeared in standard publications, many of them containing new facts, all of them subjecting the older ones to criticism.

Vast, however, as all this labor is, one thing is yet lacking, namely, accounts of the determination of the effects of the ptomaines upon the healthy human body. To this the tuberculin of Koch forms a certain exception, in that this investigator has himself made some cursory provings of the substance. Undoubtedly there is a general natural, personal hesitation to submit to the action of such unknown and poisonous substances as the ptomaines have frequently shown themselves to be, and this will certainly hinder in great measure their proper proving by the healthy subject. They are not, like Arsenic, Strychnine and other drugs, with the size and effects of poisonous doses of which we are in advance familiar, to be at once administered to the human being.

The import, then, of bacteriology to homœopathic therapy, whilst in principle a considerable one, in material may long be a limited one.

For the present there appears to be no ground for believing that those remedies which have in minute doses been shown to indubitably modify and cut short the morbid process in infectious diseases, namely Aconite, Belladonna, Baptisia, Bryonia, and so on down to Veratrum album, will hold any other place than that they have held since Hahnemann showed how to learn at one and the same time, their pathogenetic and therapeutic effects.

#### DISCUSSION.

ALEXANDER VON VILLERS, M.D.: I had not expected to speak before you, and as I am not used to speaking in English my remarks

may be somewhat incoherent, and if I seem to hesitate, it will be not for the idea, but for a word to express it. I think the influence of bacteriology upon homœopathy is already a great one, and will become greater in the future. We are proud that we are ahead of medical science, and for this reason we should not neglect what is done in other parts of medical science not directly concerned with therapy. When we know this department, we will have some knowledge of the influence of infectious germs on man, and from this knowledge is derived a certain treatment on which we should act.

The antiseptic treatment of those affected by infectious germs is attained by substances having a toxic influence of their own. It is now two years since in Germany aseptic treatment of wounds has been attained by Arnica and Alcohol. The infection of wounds will happen and we are obliged to treat these cases, and you all know that our treatment of infected wounds and their consequences with Arsenic, Mercury, etc., have proven efficient to this time. In the *a*-septic treatment we can only use the same means as all of our profession; for the *anti*-septic treatment we differ very much. In the same relation as between aseptic and antiseptic treatment, is the prophylaxis and the treatment of developed illness. Also in a prophylactic way we homœopaths agree with our professional brethren of the old school, but we are far ahead in the treatment of infectious diseases. It has been said that the views taught us by Hahnemann are not broad enough. Hahnemann has never said that we shall seek alone for symptoms as told by the patient, but has always insisted that we shall look to everything about the patient. In his time, naturally, subjective symptoms were prevalent, but following this came a time when objective examinations of the patient gave us a great deal of information which the patient could not tell us. We are now in the beginning of a time when new information will be added to our stock of knowledge of the symptoms of a disease, and when we compare the pathological process of the illness of different parts of the body, we derive also from this relation a knowledge and guide for the choice of our remedies. I think this will go on until we can come to a point where everything which belongs to the illness will be brought into service in the choice of a remedy. The time will come when even a knowledge of these different forms of germs or bacilli will also help us. I think that this subject will have an effect upon our therapy, and we should all have as great a knowledge as possible of this matter, so as to benefit our patients to the utmost.

J. P. DAKE, M.D.: I wish to express my pleasure with the paper of Dr. Cowl; I think he has presented the subject to us in a very plain and sensible manner, one not too technical, and well adapted to our use as practical physicians. When this germ-theory first ap-

peared there were signs of apparent alarm on the part of some of our physicians, not knowing but that the acceptance of the germ-theory might militate against the supremacy of the homœopathic principle. I wish to say for myself that in looking over the matter, I shortly came to the conclusion that the symptoms presented in the case, attributed to the presence of bacilli or germs, were the guide for the use of the proper remedy. Now, when an affection exists that may be due to the presence or the invasion of germs, the symptoms that occur in the patient point to the location of the disease and to the nature of it. It occurs to me that whether the cause be the presence of such germs or something else, some other influence, the indications are the same, and that we may safely follow the pointings of the symptoms in the way of searching for the remedy. In other words, I believe that remedies acting on the same part, in a similar manner, and showing similar symptoms, are the right remedies for the disease, whether produced by germs or other causes. I very well understand that in the matter of this invasion, asepsis or antiseptis may come directly into use as furnishing our remedies. In that case we have to regard chemical principles in our procedure, or we may be guided by the physiological action of disinfectants upon germs or bacilli. I have had no fear, and have not felt like making war upon this theory, or the discoveries which are being made in reference to it. I am sure of this, that we have remedies in our materia medica, which we have been using according to the symptoms, and which affect lung-tissue and produce reactions quite as good as that reported as induced by Dr. Koch's lymph. I think we have not been without means of combating tuberculosis, especially in its early stages. I, for one, am looking towards Dr. Koch with the hope that something good may come of his method, but I have regarded the haste and furor with which his discoveries have been accepted and acted upon by our professional brethren of the old school, as an evidence of the poverty of their therapeutics. Before Dr. Koch himself was ready to proclaim the remedy, it was caught up and heralded over the world, and physicians were running to Berlin from all parts of the earth, even from America, to get a few drops of the lymph. So far as we, or our school, are concerned, I have felt all the time that we could wait very contentedly until we should have proofs a little more convincing in regard to the efficacy of the lymph.

I would not place one straw in the way of such investigators as Koch and Pasteur, but would encourage them to go forward.

It is a good thing for governments to aid such original inquiries, and eminently wise for the profession to treat the results with attention and candor.

J. H. McCLELLAND, M.D. : A single thought as to the relation of bacteriology to the science of homœopathy, and it is this: In the

laboratory there is lacking, of course, one great element which we find in the human body, and that is life. We all know that higher forms of life are antagonistic, to a certain extent, to lower forms of life. We know, further, that the food we eat, the water we drink (if we drink any), the air we breathe, are full of the lower orders of life, and if they had their unhindered sway we would all have been dead a thousand years ago. The living tissues, to a certain point of tolerance, are able to resist lower forms of inimical life. Now I believe that the relation of homœopathy to bacteriology is simply this: It is the function of medicine, when vitality is at a low ebb, to arouse the tissues to their normal point of resistance, and at this point they are largely able to cope with germ life. Man's body in health has the power to resist these lower orders of life, and the homœopathic remedy, acting upon diseased conditions, restores normal resistance. This is the vital rather than the mere chemical theory; a field for medicine rather than germicides.

## HOMŒOPATHIC TREATMENT OF BRIGHT'S DISEASE.

BY OSCAR HANSEN, M.D., COPENHAGEN, DENMARK.

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BRIGHT'S disease is an inflammation, acute or chronic, of the kidney, characterized by the presence of an eminent quantity of albumen and cylinders in the urine. The disease is often accompanied with hydrops. In the text-books you almost always find Bright's disease mentioned as a croupous form corresponding to scarlet fever and cholera, or as an albuminous form, which is also called chronic, while the first is called acute (Kafka). Jousset describes an ordinary, a mitigated, a dangerous and an abnormal form. In his *Homœopathic Therapeutics* Schwaber mentions a primary Bright's disease, with plenty of urine, only containing a small quantity of albumen, and a secondary form, with little urine and a great quantity of albumen. The latter, then, is divided into an acute and a chronic form, whereas Bahr's division seems the most practical, including Bright's disease in the scarlet fever and considering the cholera as an acute form. Otherwise, he calls it a chronic disease, which still can be seen violent, either when a great part of both kidneys is attacked or by a typhoid course. Buchner, who has written a monograph of Bright's disease, also distinguishes an acute and a chronic form, of which he says that the first is much more easily cured than the last mentioned. Symptoms of the first are: cold, heat, the pulse full and hard, qualm, lassitude, the skin dry and hot, derangement of the digestion. But almost all these symptoms can be missing, and it only needs a violent pain in the region of the kidney by stooping and by pressure. However, this is often the case when the frequent desire to urinate is the only symptom.

The quantity of urine is small, and contains at the beginning but a small quantity of albumen. The œdema at first is seen about the



ankles, on labia pudenda or tunica vaginalis or propria testis. The œdema increases rapidly, and then water collects in the serous cavities. When there is no œdema there are symptoms in the stomach (qualm, vomiting, want of appetite) and diarrhœa. If this is not sufficient to keep the equilibrium with the deranged functions of the kidney, there will come either brain and nerve symptoms or the disease will be chronic. As the brain and nerve symptoms, giddiness, cramps, vomiting and cardialgia are particularly present, under treatment the disease can quickly be cured by perspiration, cessation of fever, separation of the albumen, frequent urination and decrease of the œdema. Death results from either inflammation of the serous membranes, or uræmia. The chronic form is developed either as a result of the acute disease or imperceptibly. According to Buchner, the principal symptoms are desire to urinate, particularly in the night, and thirst. The urine is generally rich and pale, aqueous, frothy, while in the acute form of Bright's disease the urine is more reddish-brown and less frothy. In other respects the chronic form has the same symptoms with the acute except the fever. The patient looks pale and puffed up, feels himself faint and weak. The skin is dry; light cough. Buchner says that cure is rare, in which I cannot agree with him. Death often follows violent œdema and dropsy in the abdomen or brain symptoms (uræmia). The patient will often be indolent and forgetful. I have twice seen in my practice the illness without one of the symptoms mentioned, and in a third case the patient only complained of a little diarrhœa at long intervals.

*Ætiology.*—The illness is particularly liable to attack persons exposed to humid air, and the exaggerated imbibition of spirits is also a frequent cause. As secondary disease it is found in several infectious diseases, as scarlet fever, typhus, diphtheria, measles, smallpox, consumption, disease of the heart, syphilis, long suppurations, and, finally, during pregnancy.

*Diet.*—All that excites the kidney is interdicted. Diuretic remedies favor the degeneration of fat and hasten the atrophy. Milk is the best element, but in the chronic form you can very well permit meat, claret and beer when the stomach is in order. Warm baths (30–32° Reaumur), with a perspiration in woollen blankets, diminish the dropsy.

*Treatment.*—We are now coming to the most important point,

namely, the treatment of the disease with homœopathic remedies. Bahr does not promise very much, and says that the discovery of the urine-analysis must be mentioned in the pharmacology if a homœopathic medicine shall be appropriate. The most important medicines, which are recommended by the greater number of authors, are: *Oleum terebinthinæ*, *Arsenicum*, *Phosphorus*, *Acidum phosphoricum*, *Calcareæ phos.*, *Cuprum*, *Plumbum* and *Aurum muriaticum*. Of these, the symptoms from *Oleum terebinthinæ* most nearly correspond with the acute form. Symptoms: Small secretion of urine; the urine dark and bloody. The microscope shows cylinders and oxalate of lime. The patient looks pale, yellowish and suffering. If there is an organic disease of the heart, the remedy is contraindicated. Persons who work with this substance die of Bright's disease. Bahr says that cylinders rarely are found. Finally, the *Oleum terebinthinæ* has the following symptoms, which make it a very important remedy: *Diarrhœa* consisting of mucus and water, vomiting and thirst.

*Arsenicum* and its combinations are particularly recommended by Kafka; Jousset and Buchner consider it the principal remedy for Bright's disease; it was so considered by Bahr only when the heart is attacked.

The disease of the heart in the illness is nearly always an aortic disease, which is one of the diseases of the heart where *Arsenicum* gives the best results. It is also an important medicine for *emphysema pulmonum*, which often causes derangement of the heart following Bright's disease. Here, of course, there is only the question of mitigating the symptoms, but the cure is impossible when the main cause cannot be removed. Kafka uses *Chinin. arsenicosum* when *Arsenicum* does not operate. This I have tried, but the preparations never gave the least trace of result.

Among the preparations of Arsenic, Buchner particularly mentions *Kali arsenicosum*, and says that Arsenic and its preparations produce Bright's disease after having produced hypertrophy of the left heart. When you cease with the medicine the kidney disease will stop at first, and then the disease of the heart. (Experimental with rabbits.) The urine contains albumen, some a little, some a considerable quantity.

*Symptoms for Arsenicum.*—Emaciation; loss of power; weakening; œdema over the whole body; dropsy; the skin dry, parch-

ment-like; the color pale yellowish; sleepiness; the members icy cold; the pulse feeble, scarcely perceptible; blindness; forgetfulness; fright, particularly in the night, with fear of death; giddiness, with mist before the eyes; ardent and inextinguishable thirst; drinks often but little; no appetite; vomiting of all that has been taken in; cardialgia, with burning pains; micturition, with great quantity; diminution of the quantity of urine; short, frequent and anxious breath; is obliged to sit up on account of asthma; suffocation; palpitation of the heart, with fear; in the urine is found scirrhous and greasy cylinders. (Custo.)

Phosphorus is one of the most important remedies. Sorze mentions that the urine of Phosphorus contains concretions of pus and mucus, epithelium, and in six cases albumen in two cylinders. In a man who died of poisoning of Phosphorus, the urinary canals were found filled with exsudat; the urine before death contained albumen and cylinders, had a high specific gravity and there was a lesser quantity of chloride than in the normal state.

Buchner says that Arsenic operates on the left heart, Phosphorus on the right. For pneumonia joined with Bright's disease the Phosphorus is most important. If there are symptoms of œdema in the brain Arsenic is the best; when there is atrophy of the brain, then Phosphorus. The Phosphorus also fits when the Bright's disease has secondary suppurations, particularly caries. If during Bright's disease there comes diarrhœa without pains Phosphorus as well as China will fit.

Among the Phosphorus symptoms in Bright's disease are the following:

Lassitude in the whole body, hands and feet icy, sleepiness; the fatigue is greatest in the morning; heat in the body without thirst particularly in the evening; indisposed to work; giddiness; forgetfulness; heavy headache, particularly in the forehead; œdema on the upper eyelid, mist before the eyes; complexion pale, yellowish-gray; sickly œdema in the face; want of appetite, pressure and burning in the stomach; diarrhœa without pains, but weakening and light; frequent urination in the night, small quantity at a time; the urine aqueous and weakly colored. Serous expectoration from the lungs is an important sign for the Phosphorus. Fear and anxiety; asthma; œdema about the ankles. If there is a tuberculous base the Phosphorus is important. Likewise when there is a weak-

ening of the heart. With regard to the following remedies I have no experience, but *Acidum phosphoricum* fits in forms with typhoid course.

Buchner mentions *Calcareo phosphorica* and *Arsenicosa*. They fit particularly for persons who have brought on themselves the illness by working in the water, scrofula and bone diseases. *Calcareo arsenicosa* for young girls with *ulcus ventriculi*, amenorrhœa and for anæmia; the preparations of lime are preferred to the *Ferrum* and its combinations. *Cuprum aceticum* operates on the left heart as the *Arsenic*, and can be employed in the last stadium of Bright's disease, because it produces atrophy of the kidney (look at *Digitalis*). *Aurum mur.* particularly fits in Bright's disease that arises secondarily from long suppurations, from bone diseases and mercurial poisoning.

*Digitalis* and particularly *Digitalin* is recommended by Bähr in the later phases of the illness, when there is bronchitis with serous expectoration. It seems that it operates just as well during Bright's disease as either *Digitalin* or *Infusum digitalis*.

According to the monograph of Bähr the symptoms are, irregular, weak and scarcely perceptible pulse; the pulse decreased upon lying down, but by getting up it increases 15 beats to the minute; frequent desire to urinate with small quantity; œdema; hands and feet cold; damp perspiration in the night; fear. I cannot find, as mentioned by Bähr, that, by use of *Digitalis*, cylinders and albumen are found in the urine.

With regard to *Plumbum* you can find an interesting history of a case by Dr. Weil, of Berlin, in *Allgemeine Homöopathische Zeitung*, vol. 103, No. 17, of the 25th of October, 1881. It is employed in an acute nephritis (catarrh of the kidney), but as there were cylinders in the urine it is probable that the remedy can be employed for Bright's disease, particularly in the acute form, since the symptoms from the organs of the urine are, small secretion of urine, the urine bloody, very reddish-brown with albumen. Œdema particularly on the eyelids and ankles. In the *Pharmacology* of Trinks and Noacks is named: The urine without albumen, whereas Hering expressly names Bright's disease under the symptoms of the kidney for *Plumbum*.

Dr. J. H. McClelland in his treatise on Bright's disease in *Arndt's System of Medicine*, praises *Merc. corrosiv.*, and says that the poison-

ing by this remedy quite gives the idea of the ravages by chronic Bright's disease. The trials with the remedy have also demonstrated its power over Bright's disease.

In Bright's disease from scarlet fever the principal remedies are: Apis, Helleborus, Hepar sulphuris (Kafka), and Cepa. Apis is good as long as the œdema is only small, Helleborus as long as there is albumen without cylinders, and Cepa likewise. As soon as there are cylinders, Hepar sulphur and Arsenicum, and if a lung complication occurs, then unqualified Phosphorus. Buchner says that when an epidemic shows a tendency to Bright's disease Arsenic is most important. In Bright's disease from renal calculi he recommends Bryonia. I have in all my cases seen Hepar sulph. answer very well whether there have been cylinders, or albumen only. According to Noack and Triuks the Hepar has the following symptoms: Desire to urinate with difficulty of doing so and small quantities of dark urine. The urine is muddy and deposits a white sediment. When you desire trustworthy and sure results of the treatment of Bright's disease, it must particularly be by trials of the remedy on healthy persons, producing elements of the kidney or cylinders in the urine; then only has the remedy practical worth.

I shall now mention many cases from my practice and add, too, that when the sickness does not come too late under treatment there can be very much done, particularly when it is primary. If there is complication with other illnesses, the cure is regulated by the curableness of the principal illness.

With regard to the question of low, mean, and high dilutions of the medicine for Bright's disease, I think that the remedies operate best in low and mean dilutions.

CASE I.—Jennie W., 10 years old, daughter of the cigarmaker W., in Malmö (Sweden), came under treatment by me on the 1st of May, 1880. Had the measles several years ago, and one year ago the disease began after desquamation of the skin on the hands, but with no efflorescence which could have denoted the presence of scarlet fever. The present disease began with œdema in the face and about the ankles. Some time later lassitude, fatigue, complexion pale. Frequent urination but small quantity. Was at first under allopathic treatment at home, later here in Copenhagen in the municipal hospital with milk-cure, sweating baths and ferruginous pills.

At present there is lassitude and fear; light œdema in the face; the child looks fresh; frequent urination during the day; the urine yellow, clear, frothy, troubled, acid, containing a great quantity of albumen, 16 per mille, and cylinder-casts. Specific gravity 1012. Quantity of urine one pint in twenty-four hours. In other respects everything all right. Prescription: *Arsenicum album*, 6 c. dil., 3 drops morning and evening.

Then the quantity of urine increased to three-fourths of a quart in twenty-four hours. The œdema disappeared, the quantity of albumen and cylinders diminished sensibly at the continued use of *Arsenic 6*, and since the 24th of June, *Arsenic 3 c. dil.*, 3 drops 3 times daily.

August 8th. Only 10 per mille albumen. A little thirst and diarrhœa without pains 3 to 4 times daily. Excrement, white-yellowish, aqueous and mucous. During this time there was still a little œdema in the face. *Phosphor. 3c. dil.*, 3 drops 4 times daily made the diarrhœa and the œdema of the face disappear in 5 days, and again I began with *Arsenic. alb.* On the 25th of October the quantity of urine was one and a quarter quarts in 24 hours. Quantity of albumen 6 per mille, and on the 29th of December she was much better. I continued with *Arsen. album*, ordering the medicine one week and then letting it rest one week. The cylinders appeared for the last time on the 29th of December, 1880, but the albumen had not completely disappeared in November, 1881. The 24th of January, 1882, the child had a titillating cough with squeezing and pressure of the breast,—asthma. The expectoration is a thick mucus, often purulent, of a salt taste; coughs particularly morning and evening. Right in *regio supraspinata* is heard the rough inspiration and a strong expiration, and in the *regio sub-infraspinata*, signs of bronchitis. *Phosphor.*, 6c. dil., 3 drops 3 times daily, helped, and the first of May, 1883, the treatment ceased, the child being completely cured.—*Journal of the Society for Cigar-makers*, No. 79.

CASE II.—M. L., 54 years old, wife of the farmer I. L., in Bronnischy, began treatment on the 13th of December, 1876. Has hitherto been very well. The disease began a year ago with lassitude, fatigue, œdema round the ankles and in the face. This state continued without change till the autumn of 1876, and at this epoch the disease became aggravated. The patient complained of dizziness,

mist before her eyes, dyspnœa and great lassitude, and when walking, pressure in the epigastrium with qualm; vomiting of aliment and mucus several times during the day, just after the meals. Dull and acute pains over the renal regions. But little appetite and sleep. Frequent urination day and night, small quantity of urine every time. Regular bowels. The menses ceased four years ago. The patient is pale and meagre, the skin dry, the tongue humid, loaded, whitish in the middle. The chest organs normal. The beating of the heart dull and clear. Œdema in the face, about the ankles and on the feet. Sensibility by pressure in the region of the right kidney. Urine clear, pale, frothy. Reaction, acid. Specific gravity, 1015; contains 15 per mille albumen. Under the microscope there is found cylinders. Quantity of urine, one pint in twenty-four hours. Arsenicum album, 3c., 2 drops in a little spoonful of water morning and evening.

January 10th, 1877.—Qualm; vomiting has ceased after 15 days. Appetite and sleep better. Same prescription.

January 24th.—Much better. The œdemata gone. Quantity of urine about one quart daily, with 5 per mille albumen; specific gravity, 1018.

February 7th.—Insignificant œdema, but little dyspnœa and lassitude. Urinates only once in the night. All the other symptoms gone. Prescription, Arsenicum album, 6c. dil., 2 drops morning and evening, in a little spoonful of water.

March 1st.—Œdema gone. Still a little lassitude. General state good. But little albumen in the urine. Same prescription every evening.

March 27th.—Almost quite restored. The urine contains only traces of albumen. Same prescription.

April 22d.—The patient is quite well. Looks well. The urine normal. Quantity of urine, one and a quarter quarts daily. Everything all right under the microscope.—*Journal*, 1357.

She is well and the urine is normal.

CASE III.—P. M., 49 years old, work, Langemarke on the Isle of Samsoe. The disease began two years ago with œdema on the instep and about the ankles. Allopathic treatment during one year without any improvement. The patient felt six weeks ago acute pains in the elbow and the knee, but these pains disappeared after 15 days. Began treatment by me the 23d of March, 1877. The

symptoms were tingling and beating in the head from the forehead to the nape of the neck; mist before the eyes, particularly before the left; dizziness; dyspnœa in morning; congestion in the head from stooping, palpitation of the heart; small appetite and sleep; painful pressure in the pit of the stomach and mesogastrium; risings of bitter water; normal bowels; frequent urination during the day; acute pains in the region of the kidneys; lassitude; color pale; urine clear, frothy, not troubled, acid; very much albumen; specific gravity 1016, cylinders.

Quantity of urine, three-fourths of a quart daily; œdema on the feet, the legs and the loins. Prescription, Arsenicum alb., 6c. dil., 3 drops morning and evening in a little spoonful of water.

June 21st (through letter).—The lassitude has diminished. The œdema lessened; same prescription.

July 30th (letter).—Increasing improvement; one and a half quarts of urine daily. Dyspnœa, pain in the pit of the stomach, palpitation of the heart and the pains in the loins have ceased. Less albumen in the urine. Same prescription.

September 7th.—Great heat in the face, with congestion. The eyes a little red. The tingling and beating in the head and dizziness are worse. The œdemata on the loins and the legs gone. Prescription: Belladonna, 3 c. dil., 3 drops three times a day. Continuation with Arsenic. alb., morning and evening.

October 18th.—Increasing improvement. The headache less violent. Same prescription.

The improvement has since continued every day. In December the œdema, the dizziness and the headache had gone. Only Arsenic alb., 6 dil., 3 drops morning and evening. In February, 1878, there was only albumen in the urine without cylinders. Appetite and sleep good. Continue with Arsenic. album and at the end of May the cure was complete.—*Journal*, 2, 398.

CASE IV.—Alfred N., 2 years old, son of the tailor N., Copenhagen, came under treatment the 11th of January, 1879, for a bronchitis and was treated with Pulsatilla 30 c., Calcar. carb., 30 c. and Phosphorus 30 c. dilut., after which the cough nearly ceased. The child at the same time was scrofulous, had lumps as large as a walnut, hard and swelled on the neck.

When he was seen by me the 21st of March, 1889, his condition was as follows: The child is pale, tired, still a little cough, dyspnœa,



thirst, but little appetite. Frequent urination in the night, small quantity at a time. The urine pale, yellowish, acid, contains very much albumen and cylinders. Specific gravity 1018. Œdema on the dorsa pedum, the ankles, the legs, dorsa manum and in the face. Prescription: *Arsenicum album*, 6 c. dil., 3 drops three times daily.

April 1st.—The œdema is disappearing. No œdema in the face or on the hands. Thirst diminished. Same prescription.

April 21st.—The œdema gone. Appetite good, but little albumen in the night. Plentiful urine; almost one and a half quarts daily. Same prescription. Discharged cured 15th May.—*Journal of my Polyclinique*, No. 25.

CASE V.—Musician, H. M., 36 years old, Copenhagen. Came under treatment on the 26th of November, 1887, and had then been ill for eight weeks. Has been treated at the Municipal Hospital for six weeks, with but small improvement. Has, as musician, blown in Harmony Orchestra in Tivoli and on the plain, consequently in the open air, and has then always been cold about the feet. Complains now of a little faintness, thirst, rotten taste. Good appetite and sleep; no œdemata. Oppressive pains in the loins and down in the thighs. Urinates three times in the night. Quantity of urine in twenty-four hours two and a half quarts. The urine is pale, frothy, clear, slightly acid; specific gravity, 1016. Contains  $1\frac{1}{2}$  per mille albumen and few cylindrical tube-casts. Burning pains from time to time in urethra, both during and when not urinating, but never any incontinence. *Arsen. album*, 3 c. dil., 3 drops three times daily.

December 5th.—No thirst; taste good; burning pains in urethra ceased. Same prescription.

December 17th.—All symptoms gone. No urinating in the night. The urine contains only traces of albumen; no cylinders. Same prescription.

December 31st.—The urine normal. Altogether well. Discharged.—*Journal*, 5, 2650.

CASE VI.—Shoemaker, E. T. T., 37 years old, Copenhagen. Had ulcer penis, ten years ago, at St. Croix. Was treated for it with ointments. At the same time there were syphilides. Later on he was well until five months ago. Has been treated for four months in the Municipal Hospital with milk-cure and quinine pills, but without trace of improvement. The treatment began March 17,

1888. Complains of some faintness and thirst, drinks often but little at a time. Otherwise he feels no sickness. Urination is normal during the day, not at all in the night. Urine acid, clear, white-yellow. Specific gravity 1014. One and a half quarts in twenty-four hours. The urine contains  $6\frac{1}{2}$  per mille albumen and cylinders. Trifling œdema of the lower eyelids; œdema about the ankles. Is tall, complexion pale. Arsen. album, 3 c. dil., 5 drops three times daily.

March 27th.—Better. Five per mille albumen in the urine continued.

April 12th.—The œdema nearly gone; 9 per mille albumen in the urine. Continued.

April 24th.—Same. Phosph., 3 c. dil., 5 drops three times daily.

There was  $9\frac{1}{2}$  per mille albumen in the urine on the 9th of May, and now Phosph., 2 c. dil., was given in the same manner. Already (the 30th of May) there was only  $3\frac{1}{2}$  per mille albumen in the urine and the quantity was one litre in twenty-four hours. Œdema of the ankles very insignificant; no thirst. Debility decreased much, otherwise all normal. Phosph. was given for a week and pause a week alternately; but on the 15th of October there was  $3\frac{1}{2}$  per mille albumen. Very few cylinders (casts). He received Arsenic. album, 2 c. dil., per day, and as no effect was remarked, on the 12th of November I gave him Arsen. album, 3 dec. dil., in the same manner. On the 22d of November there was  $2\frac{1}{2}$  per mille albumen and no cylinders (casts); on the 17th of December, 2 per mille; on the 21st of January, 1889, per mille albumen; and on the 8th of February the urine was normal and he was very well. Since this time he is well.—*Journal*, 52, 646.

CASE VII.—Cigarmaker, L. C. N., 39 years old, Copenhagen, came under treatment the 21st of May, 1881. Has always had good health; would insure his life, but has been refused because his urine contained albumen. Has lived one year and a half in a new house, which was humid when he went to live there. Lassitude, a little thirst, drinks little and often. Frequent urination, good appetite; in other respects nothing abnormal. The urine now contains albumen and only a small quantity of cylinders, and is clear and frothy. Specific gravity 1015. No œdema. The beating of the heart a little dull and blowing. Prescription.—Arsenicum album, 3 c. dil., 3 drops three times daily in a little spoonful of water.

June 18th.—Improvement sensible in all. The albumen has sensibly diminished; very few cylinders. Same prescription.

August 5th.—Neither albumen nor cylinders in the urine. Nearly cured. Pause.

August 22d.—The treatment ceased; the cure complete.—*Journal of the Society for Cigarmakers*, No. 56.

CASE VIII.—Hirer of carriages, F. F., 60 years old, Copenhagen. Vanished him (?) a day at the end of February, 1883, and had cramps in the arms and legs. The cramps had gone in a few minutes, after which he lost his senses; he had a mist before his eyes and spoke with greatest difficulty; giddiness. Congestion in the head; no urination during twenty-four hours; the face very red; eyes a little injected. Prescription.—Belladonna 3 c. dil., 3 drops every hour. A few doses were sufficient, and the patient was then able to say that during a long time he had had a white-yellowish mucous and aqueous diarrhœa. The urine contains very much albumen and cylinders. Specific gravity 1012. Prescription.—Phosphorus 2 c. dil., 3 drops three times daily. That stopped the diarrhœa, and then I ordered Arsen. alb., 3 c. dil., 3 times daily; the urine became normal and the patient was cured in two months. He drinks too much spirituous liquor.

CASE IX.—P. C. T., 35 years old, stone-cutter, Copenhagen. has always had good health. Last year he contracted a cough with white and thick expectoration. Came under homœopathic treatment the 2d of October, 1884. Cough, particularly in the night, white, compact and difficult expectoration, dyspnœa; a little bleeding at the nose, lassitude; pressure in the epigastrium, particularly after meals; thirst, small appetite, dry mouth; but little sleep, deranged by the cough; urinates frequently by day and night; three-fourths of a quart of urine in 24 hours. Fæces clear, aqueous and yellow; insignificant œdema about the ankles and on the face; drinks often for thirst, but little at a time; yellow gray complexion. The patient is fat. Normal beating of the heart, but dull. In the chest are heard whistling, and dry, rattling sounds. The frothy, yellow, clear, transparent urine contains 2 per mille of albumen and few cylinders. The patient has to work as a stone-cutter; he is exposed to draught and humid and cold weather. Prescription.—Arsenic. alb., 3 c. dil., 3 drops 3 times daily. After having used this remedy for six weeks the patient's state on the 13th of November was: Œdema

gone, good appetite, normal bowels, two quarts of urine in 24 hours. Cough and dyspnoea insignificant. The tongue, which at the beginning of the treatment was very yellowish, is now quite clear. The thirst much diminished. Severe headache with beating in the forehead and temples. The present headache is particularly dull in the mesocranium and at the forehead over the eyes and in the back, and in the nose. Worst when he is sitting up; very often with vertigo. Albumen perceptibly diminished,  $\frac{3}{10}$  per mille. Prescription.—Phosphor., 3c. dil., 3 drops 3 times daily.

January 13, 1885—Headache quite gone; by the middle of December it was better. No albumen in the urine. Patient continues with Phosphorus until the 30th of January, and at this time the cough grew worse, particularly in the night; very tiresome, white, compact, thick expectoration. Prescription.—Arsen. alb., 3c. dil., 3 drops 3 times daily.

At the end of March, 1885, he was completely cured, and since he has always had good health.—Journal, 4, 2153.

CASE X.—Miss E. L., 34 years old, Copenhagen. Had formerly suffered from an ulcer in the stomach, and always has had anæmia. Now she has been ill for four weeks. Came under treatment the 22d of August, 1887. Complains of heaviness in the head, dizziness, tingling in the ears, lassitude and somnolence; pressure and smarting in the epigastrium, with vomiting of insipid water always between meals. Thirst; drinks little and often. The bowels a little soft, fæces white-yellowish, with mucus, three times daily. Menstrua every fortnight. Frequent urination in the night, three to four times, but little at a time, at most one pint in 24 hours. The urine is clear yellow, very frothy, transparent, acid, specific gravity 1014, contains 5 per mille albumen and cylinders. Edema on the eyelids and about the ankles; the mucous membranes are a little pale, beating of the heart a little blowing. Prescription.—Phosphorus, 3c. dil., 3 drops 3 times daily.

September 10th.—Bowels normal. Edema gone. No change. Prescription.—Arsen. alb., 3c. dil., 3 drops 3 times daily.

September 30th.—Perceptible improvement. Headache, dizziness, pains of epigastrium, vomiting and lassitude, are all gone. One quart of urine in 24 hours, no urination in the night. Menstrua every twenty-fourth day, less plentiful, 2 per mille albumen in the

urine, no cylinders. Same prescription. Improvement steadily continues.

The 13th of November the urine was normal and the cure complete.

CASE XI.—A. F., 3 months old, son of the merchant F., Copenhagen, came under treatment on the 18th of July, 1879. Fifteen days ago the child had a red coloration over all the body, and on some places a little desquamation, but in other respects the child was well. Four days ago he was seized with a violent diarrhœa, yellowish, clear, with a sour odor, three to four times daily, which has fatigued the child and made it pitiful. It eagerly takes the nursing-bottle. The skin burning and dry, pale complexion. Prescription.—*Calcarea carbon.*, 30c., 3 globules every noon. *Arsen. album*, 3c., 3 globules morning and evening.

July 21st.—A little better. Same prescription.

July 25th.—Strong, clear, white, yellowish, aqueous diarrhœa. The child is very much agitated and frequently cries. Cessation of *Calcarea carbon.*, continuation of the *Arsen. alb.*, *Verat. alb.*, 3c., 3 globules 4 times daily.

July 28th.—More compact, green and frequent. Painful bowels. *Œdema* on the feet and legs. The urine received on a clear sponge contained very much albumen. Pale complexion. Prescription.—*Mercur. solub.*, 6 c. trit., a small pinch, 3 times daily, alternating with *Arsen. alb.*, 3 times daily.

July 31st.—No change. Same prescription.

August 4th.—The urine contains cylinders. *Œdema* on the loins and on the face. Urination infrequent. Diarrhœa perceptibly diminished. *Hepar sulph.*, 3 centes., a small pinch every 3 hours.

August 8th.—Frequent urination. The *œdema* diminished everywhere. Diarrhœa only twice daily, more consistent. Same prescription.

The child used *Hepar. sulph.*, three times daily, and was discharged on the 26th of August. Then the urine was normal and contained neither albumen nor cylinders. All the *œdema* was gone. The child had obtained a nurse, and has since been well. There is no doubt that this nephritis has had its origin in the slight scarlatina.

CASE XII.—Aage H., 9 years old, son of the mechanic H., Copenhagen. Had the scarlet fever on the 11th of November, 1887, was treated with belladonna 3 c. dil., 3 drops 4 times daily. In the

period of desquamation has been seen on the 1st of December ; a light œdema on the face and particularly on the inferior eyelid. The child complained at the same time of lassitude, dizziness in the head, mist before its eyes, deafness, small quantity of urine, one pint in 24 hours. Frequent urination day and night ; urine brown-yellowish, acid, frothy, 17 per mille albumen, cylinders, specific gravity 1016. All the symptoms augmented so that on the following day the œdema was on its legs and on its arms to the elbows, and increased on the face. No appetite, dyspnœa, dry skin, normal bowels, pale complexion. Then I ordered Hepar. sulphur., 3 c. trit., the size of a pea in a small spoonful of water every two hours.

On the 4th of December there was improvement ; three-fourths of a quart of urine in 24 hours. Dyspnœa diminished ; œdema on its arms and hands gone ; œdema on the legs and face diminished. The child is more watchful. Same prescription four times daily.

### *ALCOHOLISM AND ITS HOMŒOPATHIC TREATMENT.*

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HOMŒOPATHY, with its subtle influences, provides the means and medium of medical discoveries, some of them possessing the widest social importance. In my own experience, I have witnessed the successful application of this therapeutic method in the treatment of alcoholism and of the maladies associated with it, and believe that it possesses the power to diminish, by one-half, the prevalence of offences against public and private morality, due to this cause, and to lessen in the same proportion the expenses incurred in the enforcement of law against alcohol's crimes.

In my dispensary work on Tuesday mornings, I have, during the past five years, given free treatment to 3792 persons, of whom 2640 were victims of alcoholism, and 1152 persons afflicted with other troubles. And my observations encourage the belief that homœopathic treatment will cure five out of every ten of the non-hereditary cases. And further, that in the incurable cases, the use of these medicines is nearly always followed by a diminution in the criminal and immoral impulses of alcoholism. Of this latter class of cases, eight out of ten have been favorably influenced by the action of these remedies, and the excitements of insane jealousy, anger, envy, the passion of gambling, homicidal and suicidal impulses, etc., the medical treatment having cured, at least, the alcoholism which induced the insane impulse.

In France the legal tribunals have before them 121,000 prisoners annually, of whom 87,000 are alcoholics. If the influence of careful homœopathic treatment could be brought to bear upon the last-mentioned class, it would diminish their number by perhaps 60,000, and in this manner, I repeat, could reduce the amount of public and private immorality.

Homœopathic medication is not exceedingly difficult of application in these maladies, though requiring vastly more skill and labor than is involved in the employment of the ordinary allopathic pro-

cedures. But the results are correspondingly advantageous, first to the individual and his family, and, secondly, to society, in that they serve to spread rapidly among all classes of our people a knowledge of homœopathy and a belief in its principles.

I have presented these facts at length in my work entitled "The Homœopathic Treatment of Alcoholism," recently translated by a distinguished homœopathic physician of St. Louis, Mo., U. S. A.



*THE PSORIC ORIGIN OF MANY CHRONIC DISEASES.*

BY P. GAILLIARD, M.D., BRUSSELS, BELGIUM.

PSORA, *vulgo* itch, is a non-spontaneous disease resulting from poisoning through the venom of the *acarus scabiei*, and from no other cause.

My definition is exact; that of Professor Eichhorst—the last dated—is not accurate when he says: "Under the name of itch, one designates an artificial eczema."

In fact, itch is not only a cutaneous, but a general disease—*totius substantiæ*—which begins on the skin, as syphilis begins with the chancre.

The *acarus scabiei* belongs to the class of the arachnidæ family of acari. Improperly it is called *sarcoptes hominis*, since it is common to man and some animals; dog, cat, sheep, rabbit, camel, elephant, etc.

In his history of animals, Aristotle already points to the parasitical nature of itch. The male *acarus*, smaller than the female, dwells in a superficial depression of the epidermis, and dies one week after copulation. Immediately after impregnation, the female digs with her jaws a furrow through the horny layer, penetrates to find her food ("struggle for life") down into Malpighi's mucous network and dies here *in pace*, at the end of a month or more, after having laid down on her way about fifty eggs of various sizes.

The egg takes a fortnight to beget a larva, which, as soon as it has broken through the egg's cuticle, reaches the surface of the epidermis, where, in a superficial nest, it undergoes its evolution after four moultings. In Gudden's opinion, the first moulting is accomplished between the fourteenth and seventeenth day of life, and the others follow at six days' interval. It has been calculated that two acari, male and female, can within three months generate 1,500,000 off-springs. Other reckoners, more moderate, do not go further than a third of a million of descendants.

In addition to the functions of circulation, digestion, locomotion and reproduction, physiology allots to the acari—male, female and larva—the secretion of a venom by means of a special glandular apparatus, situated, according to Moquin-Tandon, within the mandibles of the sarcoptes. This secretion of venom is common to the whole class of arachnidæ: scorpions, spiders, galeodes, phalangium and acari. Besides, venomous glands are found in all the branches of the animal kingdom, particularly amongst the invertebrates. Microbes themselves operate specifically only by the products of secretion.

The physical and chemical properties of the acarus venom have not yet been ascertained. Probably this venom has a complex chemical composition analogous to other venoms, and, besides water, albumen, mucus, fatty and coloring matters, chlorides, phosphates, it contains an albuminoid specific—psorine or acarine—comparable to viperine of vipers, crotaline of crotales, najine of the naja, proteine of Koch's tuberculine. What must be held for certain is that venoms contain no living micro-organism, and remain sterile when cultivated on gelatin and peptonized agar-agar. Consequently, their intoxicating power cannot be ascribed to special microbes, but solely depends on psorine, and is in connection with the quantity of inoculated psorine. This quantity must be very considerable on account of the excessive pullulation of the acari, the rapidity of their propagation, along with the duration of their existence.

In addition to this specific venomous operation, the acari exert, indirectly this time, an infectious action by means of ptomaines or toxines, generated and absorbed at the surface of the skin and inside the furrows. These ptomaines are ammoniacal compounds, a sort of animal alkaloids, violent poisons, which are specially derived from alvine dejections and other products of disassimilation, from waste cadaverous residuum of the acarus. This infectious influence is obvious in chronic itch, particularly in the itch of Norway.

What is the pathological action of the acarus?

What is the pathological action of the acarus venom or psorine?

What is the pathological action of ptomaines or toxines?

The proper and characteristic lesions of the sarcoptes are:

1. The poisoning stings occasioned by the acarus and larvæ.
2. The furrow or cuniculus dug, *lenguibus et rostro*, by the female acarus in the depths of the epidermis or in Malpighi's mucous layer.

3. The acarian eminence where dwells the female, and which occupies the inner end of the furrow.

The physiological disorders caused by the sarcoptes solely consist in itching, resulting from the acarus sting or deambulation. This itching may be painful when the female has penetrated into Malpighi's mucous layer.

The other anatomical lesions and physiological disorders of itch, are the consequences of the poisoning by psorine.

The inoculation of psorine is produced in an invisible moment, and may be attended with a feeling of pricking, itching, or smarting.

The contagion of itch is spontaneously caused through the medium of the male sarcoptes, or of impregnated or non-impregnated larvæ, but never by the female sarcoptes confined in its cell *in pace*. It is experimentally produced by the application of both male and female acarus or of larvæ. The inoculation of psorine has been experimentally substantiated by bruising some acari, and instilling the liquid thus obtained into the depth of the dermis. Several kinds of itch are thus produced without acarus.

The evolution of itch includes several periods, whose duration and importance are in connection with the intensity and virulence of the inoculation, and with some particular dispositions of the contaminated individual.

Incubation includes the time between the moment of the contagion and the occurrence of psoric manifestations.

It may last from eight days up to several weeks (Bazin), or even several months (Brett).

The period of incubation is not absolutely silent. In many persons, intentionally or involuntarily submitted to the contagion of the psori of animals, Delafond and Bourguignon have seen the whole body covered, within 48 hours, with a profuse rash of itching papulæ. Bazin notices acute itching and transient, ill-defined eruptions, which may assume the form of urticaria or erythema. As in syphilis, the *period d'état* of itch is at the outset sometimes attended with fever. Like syphilis, itch displays :

1. Primary accidents.
2. Secondary accidents.
3. Tertiary accidents.

The primary accidents of itch, are the equivalents of the hard

chancre in syphilitic or of the soft chancre in non-syphilitic subjects, according as the virulent disease makes general ravages in the organism, or dwindles away on the spot and wears out on the skin. These lesions are, on one hand, the furrow, the acarian eminence, and the vesicle proper, ontologic lesions of the sarcoptes; on the other hand, the most characteristic and constant papulo vesicular eruptions, coeval with the formation of the first furrows.

This eruption, almost pathognomonic, when, apparently or in reality, the furrows are missing, gets sometimes complicated with inflammatory disorders—erythematous dermatitis, urticaria, erysipelas, lymphangitis, adenitis, bubos—in consequence of the virulence of the disease or of friction, and scratching. The anatomical lesions of the secondary psoric accidents—those of the second period of itch, as says Bazin—set out with a simple papulous eruption which exhibits all the characters of prurigo, and which, according to Hardy, is missing only once in one hundred patients. Usually these papulæ are very numerous. At first confined to the spots of selection, they successively invade every part of the body, save the face.

Amongst the other secondary accidents of itch, we can mention; impetigo, ecthyma, lichen, eczema, bullæ, abscess, furuncles, ulcers, brittle nails, thick scabs. The anatomical lesions of the psoric tertiary accidents—the most tardy—only appear in chronic itch, and in the internal organs.

This itch of the internal organs is evinced by the repercussions, retrocessions, metastases of the primary or secondary psoric accidents, but is also directly proved: “Even when no metastasis has been effectuated,” says Dr. Fournier, “the single protracted inflammation of the skin may encroach on the brain, the viscera of the chest and abdomen. . . . In patients in whom itch has made great ravages, the slightest acute disease may become mortal, because it gets infallibly complicated and intensified with the cutaneous chronic disease which ere long causes the adynamic state and predisposes to the ataxic state.”

The physiological disorders resulting from the poisoning by psorine, generally consist of unbearable itching, commonly setting in at night and promoted by the warmth of the bed, and of an abnormal smell of the sweat, a *sui generis* smell, reminding of sulphuretted hydrogen. We have still to define the pathological action of the acar-us-ptomaines or toxines. These venomous princi-

ples having never been isolated from psorine, their action remains blended together. Ptomaines must vary in quality and quantity, according to numerous circumstances. So, they must be copious, multiple and virulent in old standing and generalized itch; they must be scarce, almost unique, and but slightly intense in itch either recent or poor in acarus; they must be entirely missing in itch produced by the inoculation of the liquid supplied by bruised acarus. The ptomaines, agents of infection, impart to itch their septic characters, and the following septicæmia may give rise to perturbations serious enough to result in death.

*THE DENGUE FEVER AND INFLUENZA.*

BY DR. V. FRICHET, OF CLERMONT-FERRAUD, FRANCE.

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DURING a short sojourn in Egypt, I have been able, through the courtesy of Dr. Osman Woicil, physician to the prefecture of Alexandria, to study closely a disease not yet classic and special to Egypt, namely, the dengue fever.

This disease I believe has already been described in several journals; the narration I give to-day will not be new; but if it has not the merit of priority, I can affirm that the description of the symptoms of this malady will be exact, for I depend only upon personal observations taken at the bedside.

*History.*—According to the different inquiries by many colleagues in Alexandria and Cairo, dengue fever was noticed for the first time by Dr. Bruner, upon the borders of the Red Sea, in 1843. In 1845 it appeared in Cairo, and was severe in Syria from 1868 to 1870.

Dr. Zacorogua-Bey observed it in epidemic form at Port-Saïd in September and October, 1871, at El-Wesch in May and June, 1872, and for the third time at Ismaïla in November, 1877. Dr. Hassan Bey-Mahmoud has written a small memoir upon the epidemics of Cairo in the month of July, 1880, in which the description is very original and exact.

"To say that this disease has been the subject of active discussions, of divergencies, and of opinions the most obstinate, is so usual in the medical body, that I will not insist on these facts; I will only say that it has been designated by some under the name of gastric fever; by others, the eruptive fever (*rougeola Chêré*), rheumatismal fever, etc. The greater number, with which I agree, call it Indian fever or dengue fever, for it is clearly proven that the disease is of exotic origin, and has been imported from India.

*Ætiology.*—It is propagated by contagion, not only under an epidemic form as observed in Egypt, but, when it enters into a house,

it is very rare that all the family and especially the adults do not pay their tribute. At times throughout the entire year we meet isolated cases, but the time in which this affection predominates, in which it takes a new start and presents all of its epidemic characteristics, is at the commencement of October, when the humidity is extreme, when it begins a descending course to disappear almost entirely with the first cold weather. This malady does not respect any one, rich or poor, young or old, man or woman, native or stranger; the number attacked has averaged 70 per cent.

*Symptoms.*—The one in whom I have observed the affection well marked was an Arab, brown of skin, gray beard, age 45 years, living in Neuva street, Alexandria. He has shown almost all the symptoms which I shall describe (native).

The commandant of the three-masted Moeris, the packet-boat which brought me to France, also had the dengue, rheumatismal form (stranger), etc. I have seen 17 cases.

The disease is ushered in with general malaise, headache, pain in the limbs and vomiting. These symptoms augment until the development of the characteristic ones.

The fever varies, the pulse ranging from 90 to 120, and 130, the temperature reaching 40°.

The headache is very severe, principally frontal and supraorbital, delirium, hallucinations, especially in children, sometimes convulsions.

The respiratory movements are accelerated.

The heart is not affected.

The mouth is clammy, tongue dry covered with a coating at times white, again yellowish, active thirst, stomach painful and bloated, vomiting glairy and bilious, especially in the beginning, constant constipation, tympanitic abdomen.

Red urine.

In the muscles there was most frequently generalized pains without particular localization, myalgia. At times pains like articular rheumatism in the wrists, knees, and lumbar vertebræ, lasting for several days.

The disease is especially characterized by a cutaneous roseola-like eruption, appearing on the body, neck, and limbs, on the third day of the disease. The rosy spots are flat, disseminated or en masse, and disappear under the pressure of the finger. It is not the same

when they form true ecchymoses, for there is this difference, the former are insupportable on account of the atrocious itching, the latter do not itch, but they disappear more slowly.

*Duration.*—This varies from four to fifteen days. The acuteness of the disease is at the beginning of the malady; towards the third day it diminishes in intensity to give place to a slow convalescence, for the patient is only relieved from the disease when completely enfeebled; again, as in typhoid fever, relapses are frequent, the least error of diet (especial dates), produces a return of the fever and the duration of this morbid repetition is much prolonged since it attacks a system already weakened. Dr. Osman Woicil has noted many successive relapses in women and children, during the same epidemic.

*Prognosis.*—Fortunately for the Egyptian population this disease always terminates favorably; nevertheless it is necessary to exercise great care in the treatment of debilitated or scrofulous patients.

*Diagnosis.*—This disease resembles synochal fever, in the anorexia, lassitude, pains, vomitings, and bluish spots; articular rheumatism, in the pains in the joints; rougeola, in the eruptions; it has some resemblance in its onset and relapses to typhoid fever. But the diminution of the severity of the symptoms on the third day, the short duration of the disease, and especially its epidemic character render its diagnosis easy.

*Treatment.*—The physicians in Egypt give for the prominent gastric symptoms (Dr. Haman-Bey), saline purgatives and emetics.

For the persistent constipation: *Rx.* Infusion of tamarind, 250 gr.; soluble cream of tartar, 8 gr.; tamarind syrup, 30 gr. A teaspoonful every hour.

In the rheumatismal form: *Rx.* Infusion of linden, 250 gr.; nitrate of potass., 3 gr.; syrup of orange flowers, 30 gr. To be taken in 24 hours. Also frictions with oil of Hyoscyamus upon the affected articulations.

For the eruptions, powdered starch.

Dr. Osman Woicil claims to have aborted the disease by means of emetics and Püllna water, together with the centaury, quassia amara, and cinchona.

In case of relapse, the strictest diet, and if the fever persists, sulphate of quinine, 0.30 to 0.90 centigr.

The homœopathic treatment which I have always employed with



excellent results, is the following: In the beginning, Aconitè; if cerebral symptoms predominate, Bellad.; for the vomitings, Ipecac.; erratic pains, Pulsatilla; localized pains, Rhus tox., and during convalescence, China.

I published the above memoir in 1881. Last year I was surprised when I saw the journals announce a terrible epidemic of dengue fever. The disease made rapid progress, and invaded Europe with the rapidity of a devastating torrent.

Clermont-Ferraud was not spared more than the other cities of France, and as you have noticed, the symptoms of the new epidemic, although having some resemblance to dengue fever, yet differ essentially from it.

In the *influenza* the patient is attacked suddenly with a high fever, chilliness, full pulse and soft, painful lassitude, spinal pain, cephalalgia, prostration, sensation of suffocation, harassing cough with long paroxysms, of one-quarter of an hour or more, and repeating as in whooping-cough. Auscultation furnishing no guide. Persistent insomnia, complete loss of appetite and general weakness. The febrile movement and the cough persist from 8 to 15 days.

The patient tries to go about, but he is as weak as if recovering from a very long and very severe disease. There is no vertigo, the limbs give way, and the appetite returns but slowly. Some patients have been compelled to force their appetite for two months in order to exist.

Like the dengue fever the *influenza* is contagious, every one suffering with it, but with different degrees of intensity.

In Clermont-Ferraud the *influenza* has been almost (?) in women, while it struck down the most vigorous men. As in the dengue fever, the duration is almost the same, the convalescence as long, the patient as feeble. But the great difference is that in *influenza*, it is the respiratory organs which are attacked, while the dengue fever is characterized by the roseola form of eruption, which appears towards the third day of the malady; in *influenza* there is absolutely no manifestations upon the skin.

In my opinion the dengue fever can be placed among the eruptive and benign fevers, while the *influenza* is only the grippe, with a particular course.

Those attacked with the grippe *influenza* when in full health had nothing to fear. It was not the same for those who were suffering

from chronic maladies, even if they were improving. Those suffering from cardiac, tubercular, or weakened from any cause whatever, were carried off by the disease with a fearful rapidity.

*Treatment.*—According to the organs more or less attacked, the constitution, temperament, age, or strength of the patient, I have employed the one or the other remedy according to the principles of Hahnemann, but outside of the particular cases, I am afraid to say that my chief reliance has been Drosera. That which annoyed my patients the most, was the spasmodic cough with repeated and painful seizures. Drosera has acted marvellously in relieving almost at once all the influenzas.

*A CRITICAL INQUIRY CONCERNING THE EXHIBITION OF COMPLEX AND ALTERNATE MEDICINES IN THE HOMŒOPATHIC TREATMENT OF DISEASE.*

BY DR. GAILLIARD, BRUSSELS, BELGIUM.

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At the International Homœopathic Congress of Paris, in 1889, I had the honor to impugn the polypharmaceutic practices, and to uphold the Hahnemannian monopharmacy.

Homœopathy comprises, as a sample medicine, every substance, compound or not, whose pharmaco-pathogenic action has been specially and individually studied on the healthy man. So the metals: Quicksilver, Platina, Lead, Gold, Iron; the metalloids: Oxygen, Iodine, Bromine, Arsenic, Phosphorus; the fixed salts: Perchloride of mercury, Acetate of lead, Chloride of gold, Iodide of iron, Bromide of potash; the substances whose composition is varied and incompletely defined: sea-water, sulphurous mineral-waters, ferruginous mineral-waters, Curare, Opium, Aconite, Cinchona; all of them are simple medicines, on this very account that their pathogenic action has been separately studied on man in healthy state.

On this same score the attenuations of Aconite, Belladonna, Mercury, Apis mellifica, Lachesis, given at the same time, mixed or in alternation, cannot be considered as a *simple medicine* with a positive, certain, and known action, until the pathogenic action of these associated remedies shall have been investigated under this form, and collectively substantiated by experiments on the healthy. It is, indeed, a mistake to assert that the individual action of each element of the mixture once known, one may infer the action of this aggregate mixture. As Léon Simon remarked at the Congress: "In these mixtures each ingredient does not operate as if it were alone. Each of these agents is a power, and the union of all these powers constitutes a resultant. If this resultant is not known in its

physiological effects ; if these mixtures have not been tested on the healthy man, it is impossible to apply to them the law of similars." Next, he adds, do we know where we are going in giving such compounds? Was Hahnemann not right when on this subject he wrote : "I say that it is to take a handful of unequal balls, to throw them with the eyes shut on a billiard-table, to intend ascertaining beforehand what effect they will produce together, what direction each of them will follow, what position all of them will take after numbers of reboundings and incalculable collisions. However, the appreciation of the results of all the mechanical powers are, by far, easier than that of the results of dynamic powers."

The Hahnemannian attenuations, associated in mixture or in alternations, will therefore be admissible in homœopathic therapeutics only after their physiological experimentation in *groups* shall have been scientifically instituted, and their genuine pharmaco-pathogenic action be known.

In fact, here, clinical experimentation cannot, any more than experimentation on ill persons, teach anything positive—*Post hoc, non propter hoc*.

The genuine and previous pathogenetic studies of compound and of alternate medicines were acknowledged indispensable by all the members of the Congress, one only excepted, the homœopathic doctor Conan, the most complex of the polypharmacy complexists.

A fact still more significant is, that the polypharmacy alternatists are themselves unanimous in claiming these physiological investigations, but they never begin their researches. If I am not mistaken, I believe we shall have to wait a long time for these genuine pharmaco-pathogenic studies. As regards myself, I have planted an elm under whose shade I shall exert the virtue of patience, unless some passionate alternatist, clever improvisatore,

Ne les chante un jour et les soupire  
Comme autrefois le berger eitre  
*Sub tegmine fagi . . . .*

Let us be cautious ; anything may happen ; hysteria or illuminism, mystification or imposture, perfidy or thoughtlessness.

Have we not already had pathogenic essays from spirits? Lately there called upon me a former assistant of Imbert-Goubeyre, passing through Belgium as a commercial traveller for a justly reputed

southern mineral water station. In words testifying an incurable and *fin de siècle* unconsciousness, he candidly confessed that he had deceived his learned and honest master by describing pseudo-symptoms of arsenical poisoning, feigned as experienced after the use of *chinois*\* in Clermont Ferraud. Monopharmacy, as understood by Hahnemann, allows not only *the unique or repeated exhibition of one single simple remedy* against an acute or a chronic disease, but also *the successive exhibition of two or several simple remedies* during the course of an acute or a chronic disease, according to the special indications of the moment; indications of symptomatology, ætiology, complications, and of custom.

Consequently, Hahnemann admitted the exhibition of several simple medicines against a natural disease, but he meant that *the exhibition of these medicines should take place successively, so that only one medicinal disease should be opposed to one natural disease.*

Polypharmacy, such as it is conceived by the opponents of the unity of the remedy, admits of the *exhibition at the first onset of several medicines against a natural disease*, these medicines being taken *at once or alternatively*. There is consequently a complexist and an alternatist polypharmacy.

Complexists and alternatists already date from Hahnemann's time. In a note on 5, 272, of the *Organon*, one can read: "Indeed, in cases where one kind of medicine suits a part of the symptoms, and a second another part, some homœopathists have tried to give the *two medicines at once or nearly at the same time*. But I seriously forewarn my brethren to beware of this practice, which will never be necessary even if it seemed nearly useful."

At all times there have been homœopaths who, in imitation of *Ægidi* and *Lutze*, and in order to *simplify the therapeutic diagnosis*, had taken to exhibit two or three remedies mixed in the same draught; but for the last thirty years complexism has been held as a principle, and, a fact worthy of remark, it was initiated by unprepared laymen without any medical learning, and who acted as by inspiration: the Abbé Soleri, Doctors Bellotti and Finella, Count Mattei, and afterwards a long list of manufacturers, dowagers, some apothecaries, and very few medical men, all of them eager for novelties and enamoured of mysteries, since, it must be said, the formulæ

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\* See pathogenesis of *Citrus communis* in *Cycl. of Drug Pathogenesis*, part xv.

of these complex remedies has been kept secret by their inventors. The last incarnation of complexist polypharmacy was revealed in the year of grace 1888. This is the homo-homœopathy of Dr. Conan. Let us hope it will remain the final one. All these methods are kindred to homœopathy only by the use of Hahnemannian triturations and dilutions.

The alternatist polypharmacists make use of the very name of Hahnemann, who, indeed, said, in the first edition of the *Organon*: "It is only in some cases of inveterate organic diseases that one may sometimes alternate with success two homœopathic remedies." But this passage is found in no other edition of the *Organon*. It is related that Hahnemann himself had twice or thrice made some alteration in the decline of his career, when more than eighty years of age, and soon after his second marriage. This is possible, and of but little consequence, but what is certain is, that not one of Hahnemann's writings bears any trace of approbation of alternation. Formerly, the alternatists alternated with two remedies. Now they act by series of 3, 5, 7, even 10, remedies, and (*quæque ipse miserrima vidi*) they alternate the series, and all this systematically, I was going to say automatically, without any precise and evident scientific direction. This reminds me of the monk mentioned by Borden, who could never stop his venesections. After three he performed a fourth, for this very reason, he said, that the year has four seasons, that there are four parts in the world, four ages, four cardinal points. The fifth followed the fourth, because there are five fingers on the hand. Afterwards came the sixth venesection, because God created the world within six days. The seventh was then needed, since the week has seven days, as Greece had seven wise men. . . . *Et nunc erudimini.* . . .

Before discussing in every point the argumentation of the alternatist polypharmacists, I feel the necessity of removing an ambiguity, and of telling how one can practice alternation without being a polypharmaco-alternatist.

Richard Hughes writes: "I have had sometimes such results as these: "The medicine A has improved the case in a manner, then, the medicine B had to supplement it; after the exhaustion of its effects there seemed to be no better *similia* than A, which again improves the case for a while, and then medicine B comes back, until a complete cure is effected." It is evident that, so understood,

alternation departs only apparently from the principles of monopharmacy. In such conditions it has been applied at every epoch by the truest and strictest Hahnemannian physicians; and actually it is applied by the most unquestioned authorities, like Drysdale and Dudgeon in England, P. Jousset and Léon Simon in France, De Moor and Torez in Belgium. Such alternation is absolutely actuated by Hahnemann's teaching, and I cannot make it better understood than by quoting Léon Simon's following declaration, which obtained so great applause at the Congress of Paris: "By applying these rules to the alternation-of-medicines question our brother, Dr. Gailliard, has just been treating so magisterially, I shall say that it cannot be condemned in the lump. *Indeed, we alternate in acute diseases characterized by a rapid course and transformations often so startling.* It is what Dr. Boyer has proposed to do in diphtheria, against which he makes use of cyanide of mercury alternated with bromized water. In such circumstances, with Dr. Gailliard, I will say: I also alternate! I alternate, because in such cases the action of medicines is rapidly exhausted, and so there is no inconvenience in multiplying the doses and in giving two substances, one after the other at short intervals. In chronic diseases the case is quite different; here the transformations are going on slowly, the effect of therapeutic agents is protracted during many days, and there is no interest to intermingle actions in such a manner that it becomes impossible to make them out. Consequently, I repel as *illogical and contrary to the principles I have called to mind* the practice of administering one kind of medicine at morning, a second at eleven o'clock, a third at four o'clock in the afternoon, a fourth at bedtime, and of recommencing thus during a certain number of days. To act so is putting ourselves in the impossibility of following the action of medicines, and also of deriving advantage from those we have been making use of; such a proceeding must decidedly be given up."

In my speech at the Congress of Paris I impugned all the arguments alleged till lately by the alternatists in vindication of their practice.

I proved that, if it be impossible to find a medicine, the pathogenic action of which includes "the universality of the morbid symptoms, actual and antecedent, personal and hereditary, objective and subjective, manifested by a patient" (Bernard et Martiny), and cor-

responds with both the pathological characters of the natural disease and the characters which originate from inheritance, idiosyncrasy, habits and anamnesis of patients, it is often possible to detect remedies linked with the essential features of the actual disease. I think it unnecessary to present now this demonstration. But I wish to confirm it to you, gentlemen, supported by Richard Hughes' great authority. The ideal and the final aim of the homœopathic method, he says, would certainly be to obtain the cure of a disease by the use of a remedy *similimum* to the state of the patient. But that is rarely practicable in a chronic disease, always so complex. In acute diseases we may get nearer the purport; oppose one single medicine to a whole collection of symptoms, and see these symptoms disappearing by its mere influence. The number of diseases able to be thus counteracted increases continually.

I have proved that when, in a disease, several homœopathic medicines are suitable and contend for preference, it is the one most similar to the pathological process which must be chosen.

I have proved that when the form of the disease changed we have to modify the medication, and to choose the remedy the most similar to the new pathological variety before us. I have asserted that in thus administering successfully the homœopathic remedies adapted to the features of the disease, I do not deviate from the rules of monopharmacy. Here, again, Richard Hughes' great authority may be invoked in support of my thesis: "When diseases display well-marked stages," he says, "to apply to each period a different medicine is not departing from the specific ideal." The complete conformity to the monopharmacist rules is even demonstrated when the medicines of the several periods succeed in checking the disease and in preventing its further progress. In reply to polypharmacists arguing that, if it be admitted that every homœopathic cure is, always and necessarily, the resultant of the therapeutical action of one single simple medicine, alternations should still be permitted, beneficial, recommendable, because this recovery is in itself the very proof that the adjunction of several non-curative and needless remedies interferes in no way with the action of the single useful remedy, I showed this affirmation to be altogether gratuitous. Indeed, who would dare assert that the multiplicity of the medicines has not impeded or delayed the action of the *similimum*, and has not exposed the patient to an increase of his sufferings, to dangers, even to death.



Gratuitous affirmations also, when it is urged that in certain alternations the medicines mutually help and correct each other, alternate or suppress the aggravations, and create toleration.

Gratuitous affirmations still, when it is proclaimed that under the influence of alternated remedies the medicinal impulses are developed in several ways, which rouse up the organism and render it more impressible to the pharmaco-genetic action.

All this is to be proved, as well as the value of the recoveries obtained by alternation and their superiority over those obtained by one simple medicine, or by several simple medicines administered in succession.

This argument of the superiority of the clinical results obtained by polypharmacy remains the supreme principal argument in favor of alternation. It is even the sole argument brought forward in a recent article of an American homœopathic journal, written by Dr. Laning, an erudite who does not remember having ever read a paper favorable to alternation, and seemed neither to have read articles against alternation. Indeed, he asserts that "purists naturally maintain alternation to be a wrong method without affording the least proof of it." Then no wonder Dr. Laning proclaims, instead of convincing arguments:

1. That a physician, by administering alternated remedies, makes a scientific prescription even more scientific than if he prescribed only one remedy.

2. That theories and hypotheses are allowed in therapeutics, and acquire a scientific value when supported by practice and cases of recovery.

3. That the polypharmacists study diseases more thoroughly, more particularly, and know their *materia medica* far better than the unicists.

4. That the clinical experience of competent physicians supplies the want of the genuine pharmaco-pathogenic study of alternated remedies.

5. That the method of alternation has been successful, and far more than the method consisting of the use of one simple remedy.

6. Last: That there are many other proofs in favor of alternation, but that he refrained from indicating them.

This demonstration is evidently luminous. Luminous, also, is the demonstration of the clinical superiority of alternated medicine.

Here, as an unique proof, are quoted some clinical cases summarily related, or even undescribed, which have been cured by alternation. But it is impossible to admit any value whatever to these cases of recovery, because there is no information, either of the symptoms or of the signs which have influenced the choice of the alternated remedies, or of the kind of alternation. Not that I intend contesting the sincerity of these clinical accounts; I only wish to point out their insufficiency as a positive proof of the superiority of the alternating therapeutics. Here the bases of comparison are wanting, control and critical scrutiny altogether impossible. In such cases there are no conditions of scientific determination, and so, as I demonstrated at the Congress of Paris, any proof slips away.

Hitherto alternatists have adduced two kinds of examples of recoveries to justify their claim to the superiority of their method.

*First Instance.*—A patient having taken the remedies *a, b, c, d, and f* alternated, has been cured sooner than if he had only taken one single remedy—*similimum*—or successive remedies—*petitio principii*, of no value, according to Vincent Léon Simon.

*Second Instance.*—A patient having taken *successively* the remedies *a, b, c, d, and f*, has begun to improve only after these very same remedies had been exhibited *alternatively*. Here I require especially a rigorous control. There are only two or three physicians who have made this discovery. If we may believe those who have collected the observations—*experto creda*; it is well, however, to remember that man is apt to be mistaken ("*errara humanum est*") and that, one score of centuries ago, Hippocrates, the model of investigators, already taught this precept: *Experientia fallax*!

To these two kinds of examples I would oppose the homœopathic cures effected since Hippocrates's time, by the use of one single, simple remedy, or of multiple simple remedies *successively* administered. But no more than the clinical cases put forward by the alternatists, have these recoveries any value for proving scientifically the inferiority of the therapeutical alternating method. There exist, however, even in the absence of any direct control, clinical cases which already invalidate the claims about the superiority of alternating therapeutics. It is, for instance, the case of patients liable to invariable diseases, having always been treated by alternation, and who, after a new relapse, betake themselves to an unicist physician, and are cured

sooner and without any relapse. Here is not the place to bring forward such cases.

In the peroration of my speech at the Congress of Paris, I asked: What were the principles directing the choice of the alternated remedies? In the choice of these medicines, is regard paid merely and exclusively, as some assert it, to the homœopathicity of the symptoms? Or else, do alternatists take into account the predisposing causes and the individual, occasional, idiosyncratic, and hereditary conditions, the diathesis, the old-standing and the recent complications, all factors entering so much into the computation of the use of the monopharmacists' successive remedies, all indications so surely fulfilled by the application of this traditional therapeutical proceeding?

My voice has been heard, and now-a-days some alternatists endeavor to let us understand that the composition of the alternated series rests on principles. They hint that, by means of their method, they contend against all that is connected with both the disease and the patient. So, for instance, in a rheumatic patient, they administer:

1. Remedies specially for counteracting the hereditary or acquired rheumatic principle.

2. Remedies specially for counteracting the multiple localizations of the rheumatic principle.

3. Remedies specially for counteracting the anatomical lesions and the usual functional disturbances occurring under the influence of the rheumatic principle.

4. Remedies specially for counteracting the individual and characteristic symptoms occurring in the rheumatic patient.

5. Remedies specially for counteracting both the remote and the proximate causes found in the rheumatic patient.

6. Remedies specially for counteracting the complications of rheumatism, and even for preventing these complications.

7. Remedies specially for counteracting weakness and for neutralizing atmospherical, cosmical, and other influences.

All this is battling with too many things at a time.

*"Qui trop embrasse mal étreint,  
A desnairs la thériaque et le diacodium."*

When shall we see the end of these therapeutical debaucheries?

One says they please the medical practitioner. On the other hand, a *confrère*, fully impressed with the errors of polypharmacy, told me lately: "I have alternated, and undoubtedly I shall alternate again." Do you know anything more despotic than habit—this second nature, if not nature itself? As said Montaigne: "I see the good and I practice the evil, as was always the custom in Persius's time: *Vides meliora proloque, deteriora sequor.*"

**ASIATIC CHOLERA AND ITS HOMŒOPATHIC  
TREATMENT.**

BY L. SALZER, M.D.

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It is now eight years since I published my *Lectures on Cholera and its Homœopathic Treatment*, a copy of which I send along with the present paper. The lectures, I may say, have been published, after I had an opportunity of observing and treating cases of cholera for more than twelve years, in a city where Asiatic cholera is endemic with more or less virulence throughout the whole year—in the city of Calcutta. Since then I have in the course of practice, had occasion to gather some additional observations; new thoughts and therapeutic hints suggested themselves to my mind; some at the sick bed, under the pressure of emergency, others at the calm moments of retrospective study. The present paper may therefore be looked upon as an appendix to my book on the subject of *Cholera and its Homœopathic Treatment*.

And first of all, it is, for our School of Medicine in particular, of the utmost importance to know, that there is hardly a disease so variable in its symptomatic manifestation as cholera; and that, on the other hand, Hahnemann, in having given his first suggestions for the treatment of cholera in the year 1831, has, against his own customary practice and teaching, omitted altogether that process of differentiation between one drug and another, and again between one individual age and another of the same pathological order, which is so characteristic of the homœopathic school of medicine, and so indispensable for success in treatment. Of course, Hahnemann, as is well known, issued his suggestive instructions concerning the treatment of cholera before he had ever occasion to see a case. From the description he has given of the disease, as derived from hearsay, it can be seen that he had no idea of the immense variety the disease is subject to in different individuals and localities; far less could he

have foreseen that every eventual outbreak might be marked by some new characteristics. Here in India there are no two seasons alike as far as the symptomatology of cholera is concerned. I dwelt on that point in my *Lectures*. Since then I have been surprised to find that the attention of some eminent allopathic practitioners of Bengal has been no less arrested by the manifoldness of cholera types. Here is what Dr. Norman Chevers, late Principal and Professor of Medicine in the Medical College, and first physician of the College Hospital, Calcutta, says on this subject, in his newly published book. *A Commentary on Diseases of India* (London, J. & A. Churchill, 1886).

“As I emphatically observed of Indian fevers that the type changes incessantly, so is it with cholera. I always noticed a distinctly marked variation, not only in the type of each outbreak, but also in the condition of its patient—every man’s case has its own distinct individuality. . . . Some of the most striking variations are the degree of blueness of the skin, the early occurrence of collapse, the amount of vomiting and purging, or of cramps, the frequency of the consecutive fever, the degree in which the disease is amenable to treatment. Bile and blood sometimes make their appearance in the cholera in stools. Then there are great differences in the condition of the *mucous membrane* and follicles of the ileum, especially as regards vascularity and exudation. A tendency to the formation of *ante-mortem* clots in the right heart represents another variety prevalent in some seasons or localities and not in others. In one outbreak, there will be a prevalence of *sloughing* of the cornea, in another of sloughing of the *scrotum*, as *sequelæ*, in cases affecting the natives of the country. The tendency to serious head complications in the stage of consecutive fever varies greatly; so also does the disposition of the first urine when the bladder is full. Cholera spasm or cramp is not very common or excessive in the weak-muscle natives of Lower Bengal (who endure tetanus much better and longer than Europeans generally do) or in women.”

After this it will be evident that the therapeutics of cholera are by no means exhausted by the few drugs enumerated by Hahnemann, such as *Camphor*, *Cuprum*, *Veratrum album*, etc.

I shall now proceed to lay before you the notes I had occasion to make now and then on the subject of the treatment of the disease under discussion, leaving all such questions which relate to the many

disputed points concerning the pathology and ætiology of Asiatic cholera untouched for the present.

I shall begin with *Camphor*. I had occasion to show in my lecture that *Camphor* is neglected by our school in the reactionary fever succeeding a choleraic attack. I have further hinted that the same drug may be called for at the uræmic stage after vomiting and purging have ceased. I have only to add here that the drug just mentioned may be no less called for in the case of retention of urine, owing to spasms of the *sphincter vesicæ*—an event of by no means rare occurrence in cholera patients on the way of improvement.

*Veratrum alb.*—Having introduced the use of *Ricinus* (a tincture of the seeds) as a remedy in diarrhœic cholera, I have, in the course of time, learned to establish the following differentiation between it and its therapeutic rival—*Veratr. alb.*

The watery purging and vomiting of *Veratr.* comes on suddenly; while the purging and vomiting of *ricinus* is at first bilious in character, gradually merging into cholera-like discharges. Sudden attacks of cholera with its characteristic ejecta should therefore, preferentially, be treated with *Veratr.* As to the other differentiation mentioned in my lectures, to expect that the *Veratrum* evacuations are accompanied by colic, while the *Ricinus* evacuations are almost painless, I may say, a successive experience of years has corroborated the differentiation.

*Veratr. alb.* has another rival in *Tart. emet.* I copy here, without any alteration, from my note-book. Particular indications for the use of this drug (*Tart. emet.*) are the following: Profuse sweat with thirstlessness. Disposition to pustular eruptions on the face or any other part of the body. The *Tart. emet.* patient is phlegmatic, indolent, given to sleepiness—he would fall asleep after every fit of vomiting or purging. The nausea is persistent in the *Tart. emet.* patient; to judge from his half open, distorted mouth, one would say that even in his drowsy state the feeling of nausea is with him. The *Veratrum* patients vomits sooner or later after drinking a full glass of water, and then there is, for a certain time, an end of all inclination to vomit. Not so the *Tart. emet.* patient. Again, the Arsenic patient vomits because there is constant gastric irritation. With the *Tart. emet.* patient there is gastric uneasiness coupled with faintness. Arsenic aggravations are brought on by cold; *Veratr.* aggravations by heat; while *Tart. emet.* aggravations are brought about by dampness. In

other words, all things being equal, Arsenic would be the remedy in the cold, *Veratrum* in the hot and *Tart. emet.* in the rainy season. The *Tart. emet.* patient lacks reactionary power. He gives way to his ailment without much struggle. He faints under the weight of exhaustive discharges. And in this passive state, near the brink of death, he would remain for a considerable length of time, getting neither better nor worse.

It should not be lost sight of, that the spasmodic action of *Veratrum* is by no means restricted to the muscular coat of the intestine, producing colic, but extends over the respiratory tract as well. In laryngeal spasms *Veratrum* stands near to *Cuprum*. During the season of 1883-84, a good many cholera patients used to complain at the very onset of the disease of difficulty of breathing, owing to intercostal spasms. Strange to say, in all cases which came under my observation, the seat of the disorder complained of was on the left side—the very same side concerning which provers of *Veratrum* made the same complaint.

We have it on record (Hempel & Arndt's *Materia Medica*) that *Elaterium* had in some cases of cholera succeeded where *Veratrum* failed to do any good. I can make a similar statement with regard to *Veratrum*, although I am unable to give anything like a differentiation between the one and the other.

It may not be out of place here to say a few words about the tendency of some authors of our school, to stretch now and then the point of differentiation between two similar-acting drugs beyond its legitimate limits. Not long ago I was consulted in a case of cholera, where I prescribed *Elaterium*, the case having become worse while *Veratr.* had been administered. The attending physician objected, however, to my prescription, on the ground that it is written in one of our most popular books on therapeutics that *Elat.* is indicated where there is only purging without vomiting. Now, there is not the slightest ground for such a restriction, if our provings are to serve us as a guide at the sick bed. What led me, in the above case, to substitute *Elaterium* in the place of *Veratrum* was the fact, elicited on inquiry, that the patient had suffered for two days before his cholera attack from shooting pains all over his body.

It is not an easy matter to supersede a remedy as well established as *Veratrum alb.* in cholera by another, although there have been cholera seasons where the administration of *Veratrum* was simply so



much time wasted, and this not only in cases having come under my own observation, but also under the observation of others. It was just at such a season that I had the courage to introduce *Ricinus* instead. I should not wonder to see yet a season when neither the one nor the other will be of any help to us, and for such a casualty I hold in readiness *Colchicum autumnale*—a drug allied to *Veratrum*, and yet different in its operation from the latter with regard to some of its pathogenetic by- and side-ways. In my lectures I have already drawn attention to the fact that *Veratrum* lacks one of the essential characteristics of cholera—the *rice-water* ejecta, so pathognomonic of cholera. It is not enough that a drug should be known to be capable of producing watery stools; in order to be considered as homœopathic to cholera, it should be known to be capable of producing *rice-water* stools. The stools of *Veratrum* are merely recorded to be watery. As to the vomit of *Veratrum*, it is known to be either acid or bilious, while the cholera vomit is neither. *Colchicum* offers, in this respect, a far better analogy to cholera. Take the following two cases, as recorded in the *Cyclopædia of Drug Pathogenesis*, Vol. II., p. 340:

“I found, on my arrival at Fort Durand, in Florida, a private in the Marine Corps laboring under symptoms not unlike those of Asiatic cholera. He had constant sero-mucous ejections and purgings resembling rice-water and thrown off with considerable force; cramps of the abdominal muscles and of the flexors of arms and legs; cold surface, tongue, and breath; mottled skin and bluish nails; shrunk features, expressive of great agony; sunken and watery eyes, with contracted pupils. I found that he had taken, the day before, over a pint of *Vinum colchici*, mistaking it for liquor. Death took place in forty-eight hours after ingestion.” Or the next, most interesting and instructive case:

“A bottle of *Vinum colchici* was drank by seventeen persons, seven of whom died from the effects, of which the following is a *résumé*: In from forty-five minutes to one and one-half hours after ingestion, vomiting ensued. Contents of stomach were first ejected, then bile or mucus, afterwards a fluid similar to ‘rice-water’ of cholera. When amount taken was great, purging came on simultaneously with vomiting; but if only a small quantity, comparatively speaking, had been swallowed, action of bowels was delayed for several hours. Passages were first natural fæces, then bilious stools,

then 'rice-water'—a very large amount of frothy, slimy secretion, compared by one patient to clean soapsuds. In no case was any blood to be found. Vomiting continued until last moments in fatal cases, and bowels were emptied involuntarily. Cramps were severe in stomach, bowels, and legs. Severe pains were felt in knee-joints in some, and in two cases were very marked in left shoulder; so much so, indeed, as to be a continual cause of complaint, and to compel avoidance of lying on left side. . . . Features (after half an hour) were pinched and drawn, lips and nose blue, as also lobes of ears; eyes were congested, pupils slightly dilated; voice hoarse and husky; pain experienced in speaking; feet and legs ice cold, as also hands and arms; rest of body had a clammy feel, but was below normal temperature. Pulse rapid, 125–145, small, compressible, intermittent, and at times imperceptible at wrists, though it could be found at elbow with some trouble; temporal arteries difficult of detection; even carotids required patience to distinguish. For several hours before death, arteries were almost pulseless; heart's impulse not to be felt, and its sounds with difficulty heard on applying ear to the chest-wall. . . . Respiration was full and easy, and well maintained throughout, as was also pulse-respiration ratio. The sufferers were sensible throughout and to the last. . . . All sat up before dying, falling back in an instant. No headache was complained of. Muscular strength was retained. They were all able to sit up, lift a cup to their lips, or even walk. They were perfectly sleepless. In two recoveries there appeared a pustular eruption on face and lower extremities."

These cases speak for themselves, and if anything is to be said besides, with the view of making an earnest beginning with *Colchicum* in cases of cholera, it might be this, that the most hopeful beginning might be made with habitually gouty patients—a comparatively rare specimen in India, though by no means so in Europe and America—who happens to be stricken with cholera. Then, again, cholera cases which eventually began with a diarrhoea characteristic of *Colchicum*—orange-yellow, liquid stool, with shreds of mucus; or, cases which have run from dysenteric into choleraic diarrhoea, and thence into cholera, should certainly find in our drug a most suitable homœopathic remedy. The evolution of cholera out of some premonitory ailment is of great importance with regard to the selection of the right homœopathic remedy. Some cholera seasons often differ from others,

not so much by the type of the disease itself as by its premonitory symptoms (and something similar is the case with regard to individual cases); and those whose whole attention is directed to the symptoms present, without looking back to their genealogy, will often be disappointed in the choice of their remedies.

Again, in the stage of collapse we may meet with cases where the heart's action begins to fail, while respiration is still, comparatively speaking, in tolerable order. In my lectures I have recommended *Aconite*, *Ammonia*, *Chloral*. From what we have learned from the above cases of *Colchicum* poisoning, we might add the last-named drug to the list. I have no particular indications to give for *Ammonia*; as to the other drugs just mentioned, I should say *Aconite* is indicated when the failure of the heart's action is accompanied by anxiety; *Chloral* when associated with somnolency, and *Colchicum* when associated with a state of wakeful calmness.

Yet one more analogy between the pathogenetic process of *Colchicum* and the pathological course of cholera. Our provings show that the drug has a destructive affinity to the cornea; on the other hand, sloughing of the cornea is one of the sequelæ of cholera.

Concerning *Cuprum*, I have hardly anything to add to what I said in my lectures, beyond a rejoinder to a remark made by a reviewer of mine, in the now extinct *British Journal of Homœopathy*, April, 1884. His words are as follows: "Of *Cuprum*, Dr. Salzer does not speak so highly as we should have expected. Now this discrepancy between the clinical value of *Cuprum* in cholera in India on the one side, and that in European epidemics on the other, tallies just with the difference of type of the disease as prevalent in Europe on the one side and in India on the other. We have seen from a previous quotation extracted from Dr. Chever's book that the European is more liable to the spasmodic, while the native of India is more disposed to the diarrhœic type of cholera. No wonder, then, that clinical experience in India does not speak so highly of *Cuprum* as it is spoken of in Europe. *Cuprum* being, moreover, in one school reputed as acting better in light-haired people, it is not to be expected that it will manifest prominent therapeutic effects among the dark races of India. I use, as a rule, whenever the metal is called for, the Sulphate of copper."

And this reminds me of one compound of copper—of *Cuprum arsenicosum*. In his tenth volume of the *Encyclopædia of Pure Ma-*

*teria Medica*, article *Cuprum arsenicosum*, Dr. Allen mentions the symptom "cold, clammy perspiration, of intermittent nature." I know of no other drug in our *Materia Medica* that has this symptom in full. I have, in practice, found this symptom most reliable for the selection of the drug. The intermittence of the cold, clammy sweat distinguishes *Cupr. ars.* from such other drugs as *Camphor*, *Carbo vegetabilis*, etc.—remedies called for in the stage of cholera collapse.

Again, *Cupr. ars.* will be of great help to us in the severe struggle for breath often attending the stage of cholera collapse. The *Arsenic* dyspnoea consists in difficult inspiration, owing to bronchial spasms; the *Hydrocyanic acid*, *Cuprum*, and *Secale cornutum* dyspnoea makes itself felt by a difficulty of expiration, owing to spasms of the diaphragm; in the *Cuprum arsenicosum* dyspnoea, I take it, both factors are at work—spasms of the bronchia and of the diaphragm. The consequence is that respiration, in its double aspect of in- and expiration, is rendered difficult.

And this leads me to mention other *Arsenic* compounds, of which there are a good many, although few of them have as yet been subjected to physiological provings. The following is a list of *Arsenic* preparations met with in stray records of our literature: *Arsen. hydrogenistum*, *Aurum ars.*, *Antimon. ars.*, *Arsen. brom.*, *Calcareea arseniosa*, *Chininum ars.*, *Cupr. ars.*, *Ferrum ars.*, *Ars. iod.*, *Kali ars.*, *Natr. ars.*, *Strychna. ars.*, and *Ars. sulph.*—a most imposing array of therapeutic agents considering that they all contain the Arsenic element within themselves, which must necessarily be modified in its physiological action, according to the nature of the basis with which it forms a chemical compound. Prompted and guided by this consideration, I have now and then tried one or another of the above preparations, in cholera cases where *Arsenic*, that is to say Arsenious acid, appeared to me indicated, but failed. And I am happy to say I have, in this way, often succeeded in saving a life after all our well-tried remedies had been exhausted. Experience has, moreover, emboldened me to say that in no human disorder where *Arsenic* is pre-eminently indicated should this drug be abandoned without trying, in the case of failure, one suitable Arsenic compound. The selection from among the enumerated *Arsenic* preparations need by no means be haphazardous; we know enough of *Calcareea carbonica*, *Sulphur*, *Iodine*, etc., to have, if not a sure

and certain guide, at any rate a reliable compass which may help us to steer clear in a given direction. I purposely abstain from giving particular indications for the one or the other of the before-mentioned preparations; the suggestion in itself must suffice for the present paper.

In my *Lectures* I have advocated the use of *Cyanide of potassium* instead of *Hydrocyanic acid*, on the ground that the action of the former is more permanent than that of the latter. Considering that Sulpho-cyanide of potassium is a normal secretion of the salivary glands of man, and that this secretion is, if not entirely absent after the profuse cholera discharges have laid dry all the glands of the organism, at any rate considerably deficient. I tried within the last year the administration of Sulpho-cyanide of potassium in cases where the acid or its salt had been formerly used by me, under the impression that, in administering the sulpho-cyanide, a substance is presented to the patient which might, analogous to iron, lime, etc., serve both as food and medicine. I succeeded beyond all expectation at my first trial. It was just a case where another practitioner had administered for two or three hours before my arrival, first the acid, then its Potassium salt, to no effect. Sulpho-cyanide of potassium (1x) improved the situation within ten minutes, and the man made, under the action of the drug, a slow but steady recovery. I have yet to wait for a second case of a similarly favorable result, although I had occasion to try the drug in four or five consecutive cases. It should not be forgotten that the acid or its salts are only called for at the last and extreme stage of cholera, so that failure is almost what may naturally be expected. Such being the case, one favorable and striking result is of more than ordinary weight in our clinical balance.

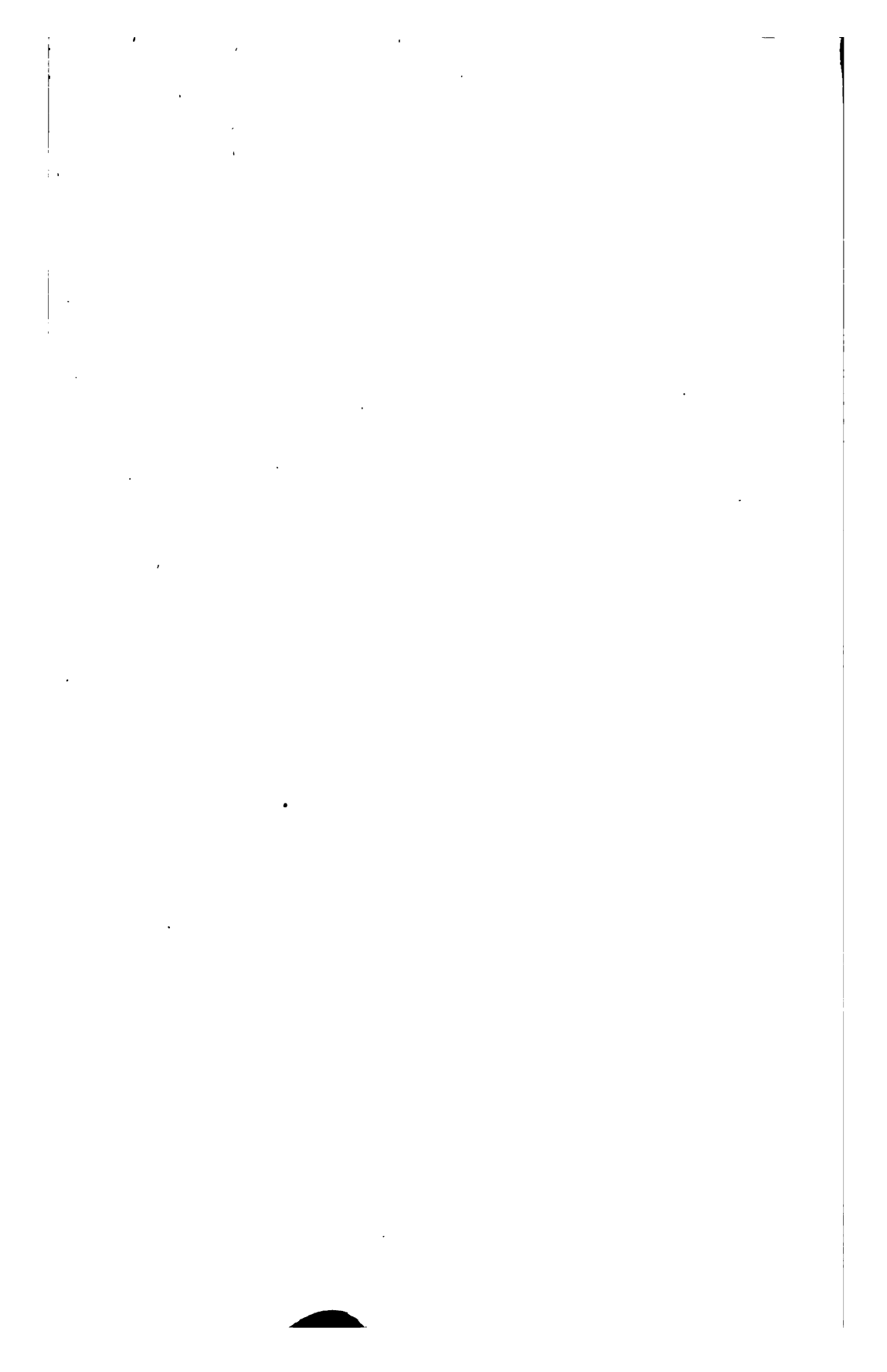
In my *Lectures on Cholera* I have, for certain cholera stages, recommended *muscarin*. Since then I have learned from *Virchow's Archives* that "Professor Boehm, of Marburg, has demonstrated that several of the (poisonous) mushrooms, like *Arsenic*, cause a casting off of the intestinal epithelium." Further, "Muscarin, administered by subcutaneous injection to cats, produced choleriform symptoms, violent vomiting and purging at first faecal, afterwards white masses of mucus containing partly isolated epithelium cells and partly membraniform casts, shaped like a glove finger."

The recent controversy concerning the respective merits of chloro-

form and ether as anæsthetic agents brought the suggestion before my mind as to the applicability of these drugs in cases of post-choleraic coma. I hardly think the first-mentioned drug to be of much use for homœopathic purposes; ether, however, I should say is worth a trial in cases of coma where the respiratory centres are more or less threatened with paralysis, while the heart is still, comparatively speaking, keeping up its action. Cases like this are, of course, desperate; but cholera cases do often come round after the worst stage has been reached. Let us further remember that ether is one of those few drugs which are both functional and protoplasmic poisons. It is just this class of poisons which may successfully be turned for restoring purposes, according to the homœopathic principles, in the worst of cases. The nerve centres may have lost their functional capacity, the muscles may have lost their faculty of responsive co-ordination—yet, nerves and muscles are not yet dead; there is protoplasmic life in them, although as organs they are within the grip of death. And by addressing our remedies to that which is still alive, we may, and often do, save what would otherwise be lost. All carbon compounds, such as *Carbolic acid*, *Resorcin*, *Kairin*, *Antipyrin*, etc., have an affinity to protoplasm, and should be turned to advantage by our school. The success we often obtain by means of *Carbo vegetabilis* in desperate cases of collapse is due to the very same fact. The aniline dyes have still a more penetrating action, for they have an affinity to the cell-nuclei, the very seat of cellular life; and I am fully convinced that their eventual use as therapeutic agents in our school is simply a question of time. The little which is known of their toxic action shows, moreover, that the victim labors under a condition similar to that of cholera collapse.

#### DISCUSSION.

J. C. MORGAN, M.D.: I wish to refer only to *Secale cornutum*, in cases of cramps where *Cuprum* does no good; also, in collapse, not properly indicating *Arsenicum*. The skin is cold, but, unlike *Arsenic*, the patient cannot bear warm covering. Psychologically, the restlessness is wanting; a sort of patience prevails. Withal, a scrawny, cachectic physiognomy is present, which Dr. Lippe characterized as the "witch of Endor" appearance.



ESSAYS  
ON  
OBSTETRICS,  
WITH  
DISCUSSIONS.





*IS ASEPTIC OR ANTISEPTIC TREATMENT CALLED  
FOR IN OBSTETRICAL PRACTICE WHEN  
UNDER THE CARE OF HOMŒO-  
PATHIC PHYSICIANS?*

BY J. NICHOLAS MITCHELL, M.D., PHILADELPHIA, PA.

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THE tendency of the medical world to accept new ideas and new theories, and to let them run riot for awhile, was never before seen to such a wonderful degree as at the present time.

On all sides we see the profession, like the Athenians of old, "who spent their time in nothing else but either to tell or hear of some new thing;" yet it is a source of surprise as well as mortification to a conservative mind to witness how many of these "new things" are finally consigned to oblivion after having been rashly accepted, widely advertised, extensively used, and frequently most fearfully abused.

This fact makes it important for a conservative school like ours to investigate carefully for ourselves these things which appeal to our reason, not trusting to the dictum of any man or set of men; and to do this without prejudice, uninfluenced by anything but reason. Not allowing prejudice to affect our judgment, because, at first sight, the subject for consideration may seem not to be consonant with prejudiced opinions of homœopathy, uninfluenced by the demand of fashion or of our patients, who, unfortunately, now-a-days, are so freely and unwisely instructed in a quasi knowledge of the different "new things," because it is a function of the true doctor to be a teacher of—not a learner from—his patients; and, finally, not allowing our judgment to be biassed by the shibboleth of "Science," because it is not truly scientific to accept new facts without a careful investigation as to their truth or falsity; and most unfortunately, in too many cases, where science has been invoked in aid of the investigation of the truth or falsity of new ideas and propositions, it has proved to be only "science, falsely so called."

It is then in this unprejudiced spirit that I invite you to a con-

sideration of the question before us, since if it is true that we should answer it in the affirmative, we may do so with judgment, and incorporate it in our teaching and practice; while, on the other hand, if it calls for a negative answer we may have some good reasons to offer why we refuse to accept it.

To the student of the history of obstetrics it is very interesting to note what a change of opinion has taken place in the past fifty years on this subject, and I hold to the opinion that this change, being the result of investigation by experiment and trial, presents a strong argument in favor of the antiseptic treatment.

In 1843, when Dr. Oliver Wendell Holmes wrote his essay on *Puerperal Fever as a Private Pestilence*, his views met with but scanty acknowledgment or indorsement, while now authors of eminence quote this essay as classical, and speak of it as though the future would remember it as the author's work most deserving of posthumous fame.

When Semmelivers, in 1847 and 1860, announced it as his belief that puerperal fevers were caused by some infection carried into the patient's system from the hands or instruments of those attending her, he was ridiculed, and his belief contemptuously set aside by the then accepted authorities, notwithstanding that he had experimented in the wards under his care, while in many cases he was abused and his views controverted by rhetoric and prejudice only.

Said Prof. Hodge, of the University of Pennsylvania, when summing up the result of his cogitations on this subject: "The result of the whole discussion will, I trust, serve not only to exalt your views of the value and dignity of our profession, but to divest your minds of the overpowering dread that you can ever become, especially in women under the extremely interesting circumstances of gestation and parturition, the ministers of evil; that you can ever convey, in any possible manner, a horrible virus, so destructive in its effects and so mysterious in its operations as that attributed to puerperal fever."

At this same time, Prof. Charles D. Meigs wrote to his students of the Jefferson College:

"I prefer to attribute them" (the causes of puerperal fever) "to accident or Providence, of which I can form a conception rather than to a contagion of which I cannot form any clear idea, at least as to this particular malady."

And now the successors of these two gentlemen teach the truth of the danger of infection, and advise the practice of asepsis and of antiseptis as a method of combating these risks. Why is this?

In the space of time allotted to me, I cannot enter into the question of the modern idea of the origin of puerperal fever, nor before such a body of men do I suppose it necessary, for I assume that all of us are willing to grant the truth of certain statements.

I take it for granted that all will admit that we cannot ignore the discoveries of certain experimenters like Koch and Pasteur, who have demonstrated the existence of germs solely and truly septic in their character, and whose effects are identical when they act upon living bodies, provided they meet with conditions favorable to their development.

Furthermore, I presume that all who have studied this subject, are willing to acknowledge the truth of the statement of observers who tell us that invariable germs are formed in diseased structures of the patients suffering from puerperal fever, and that these are not post-mortem results, but exist and have been formed in the various discharges and structures during life; furthermore, it must be conceded that the injection, into the structures of a living animal, of germ cultures from the discharge of a patient suffering from puerperal fever, will produce diseases varying in intensity according to the location and the strength of the material injected, with a propagation of the germs injected.

I presume also that all will acknowledge that puerperal fever is contagious, and that if puerpera are brought into contact with certain diseases like erysipelas, etc., they may become infected with puerperal fever.

It must, I suppose, be granted also by all that septic persons are capable of producing lesions associated with puerperal fever, as few connected with the out departments of a hospital, but have seen cases of puerperal fever resulting from portions of retained placenta or from uncleanness and filth. And finally I wish to recall the well-known fact that the most infectious discharges are not always those which are the most offensive in smell, and that in fact the bacterium termo and the bacterium commune, to which the fetidity of matters undergoing putrefaction is due, are in themselves harmless, as this is a matter of importance for those to remember, who relate cases to show the efficacy of some particular treatment, and dwell upon the fetid discharges, as evidence of the severity of their cases.

Another interesting fact to remember is, that bacteria are often if not always discoverable in the lochia after the third to the fifth day. I wish to lay some emphasis in this last proposition since I shall refer to it again in argument as to treatment.

Now setting aside the exploded theories as to suppression of the lochia or milk causing puerperal fever, and recognizing these suppressions to be merely occasional, and by no means invariable symptoms accompanying this fever, and also the idea of there being any peculiar fever characteristic of the puerperal period, but recognizing the fact that this fever has various symptoms according to the location of infection, that is, that it may be a metritis, a peritonitis, a metro-peritonitis, or a phlebitis, and recognizing that this is an infectious disease, with epidemics occurring when many puerpera are in close communion, as in hospitals, one cannot but confess that in some way the puerperal patient must be peculiarly liable to the absorption of some septic matter into her system; and when one realizes the bruised and wounded condition of the genitals, the lacerations of the vagina, perinæum, and cervix uteri, and considers the manipulations of these parts by both physician and nurse; it is not presuming much to look upon them as the most frequent places for invasion of the septic germs from without. I say advisedly "most frequent," and not the only place for invasion, because a certain number may become infected from their own lochia, and a certain other number seem to absorb the septic infection through other channels, as is seen in hospital cases where patients awaiting confinement have, while acting as nurses, become sick with a fever antedating their confinement, and because also I believe that sore nipples and resulting mammary inflammations and abscesses are not infrequently results of septic infection.

If, after accepting the truth of the above statements, authoritative statistics can be furnished which will go to prove that not only a great reduction in mortality has been brought about by aseptic and antiseptic treatment, but that septic fever has become almost an unknown disease in quarters where once it abounded, then I think this method of treatment has established itself on such firm scientific grounds that homœopathic physicians as well as others must make use of it, and that my question must be answered in the affirmative.

I will not burden you with many statistics in this paper, since all who investigate for themselves can find them.

In the hospital Lariboisiere, the mortality before the introduction of antiseptics, and while the hospital was as yet new, was 10 per cent.; this mortality was reduced under the new practice in 1877 to 1 to 145, and in 1878 to 1 to 199.

Gamgries has furnished one of the most remarkable examples of the efficacy of this treatment in Bellevue Hospital. From 1875 to 1882, the death-rate averaged a little over 4 per cent. In 1883, of 345 women confined, 30 died; at this time Dr. Gamgries introduced a series of reforms of the most exaggerated kind of aseptic and antiseptic character, some of which were ridiculed, but in the following 162 confinements there were no deaths, and in the following year out of 409 patients, only 3 died from septic causes.

These figures which could be increased in great numbers by giving the statistics of the hospitals of the world, speak for themselves, and when we read that 1000 women were confined in the Sloane Maternity Hospital with but a single death from septic causes, can a candid man refuse to accept the statement that whereas, once hospitals were the hot-beds of puerperal fever, now they are looked upon as safer than the homes of the majority, even of the rich.

And now finally what argument has homœopathy to offer why this question should be answered in the negative.

In a conversation that I had with Dr. A. Lippe on this subject, he made the following argument. Why is it that all women are not infected with puerperal fever? All are surrounded (supposing cleanliness is carefully carried out in all cases) with the same dangers; suppose, if you please, that I accept your statement, that septic germs do exist in the lochia, then why is it that one woman becomes infected and another does not? Why do not all become infected? Because if a woman is in a perfect state of health, her system will throw off these septic germs; they will find no environment favorable to their growth. Watch over your patient through the pregnant state, advise her to live hygienically, give her proper food to eat, and meet at that time all symptoms that are abnormal with the carefully selected homœopathic remedy, and you will bring her to her bed of confinement in such a state of health, that she will have no puerperal fever; her system will throw off these germs.

This is a powerful argument. One that I admit is unanswerable so far as it applies to these few cases of auto-infection from the

woman's own lochia, but I do not think that it applies to infection in other ways. And even as regards auto-infection, when the woman only comes under the attending physician's care a few days before labor, or even perhaps when in labor as occurs frequently in hospital practice and occasionally in private, what chance has he had to prepare her system by the careful study of her symptoms during pregnancy.

Is it not carrying out the theory of the homœopathic method to an unwarranted extent to expect the remedy so applied to act as a prophylactic agent?

I can imagine the possibility perhaps in a condition when the symptoms of some disease were invariably repeated in every case of the same, but when the particular spot of invasion, and the symptoms are so uncertain and so variable as in puerperal fever, I cannot see that we can logically prescribe on the law of similars.

One great argument against prophylaxis by homœopathic treatment is, that something must exist—some morbid symptoms must show themselves; in other words, disease must occur before the homœopathic physician can prescribe under the law of similars.

As the subject under discussion is to prevent disease, not to treat it, I repeat again if the antiseptic or aseptic method can show such good results, then I think it should be indorsed by the homœopathic school as a theory and not inconsistent with our belief, and not belonging to therapeutics.

If the treatment of puerperal fever with the many symptoms and complications were the subject under consideration, then would I most emphatically state my belief in the homœopathic method, but my argument refers entirely to its prevention.

#### DISCUSSION.

CHESTER G. HIGBEE, M.D.: In opening this discussion I would say that I wish we, as homœopathic physicians, would use every means at our command, not only to prevent but to cure disease. In regard to the bacteriological theory of puerperal fever, we cannot believe this to be the *only* cause although in hospital cases it is no doubt the most prevalent one. In many cases where not even a midwife is called, ladies are confined and it is rarely that we hear of a case of puerperal fever under such circumstances. In hospitals where there is so much infection I think it is undoubtedly a cause of the disease. I also think it best to use all means of an aseptic character. I do

not think it is incumbent upon us as homœopathic physicians to always use antiseptics. We should practice asepsis, and that is the doctrine of cleanliness. Be clean. Do not go to your patients with hands infected with other diseases or wounds. Have your hands and nails clean, and then, although there may be lesions during the process of labor, you will not have infection or puerperal fever follow. Where it speaks in the paper of prescribing not only before confinement but afterwards, it seems to me an important point was omitted, namely, that we ought not only to take into consideration the objective symptoms, but we should also take into the account that which which we know is likely to follow *after* confinement. In all cases where we attend a woman in confinement we should consider this after-treatment as well as the ante-treatment, and in order to do this we must take into the picture the pathological condition and prescribe accordingly. Unfortunately, there are few cases of labor where a physiological condition alone is demonstrated. It seems to me that when we add to this our homœopathic remedy, as in other wounds internal or local, that we will not only prevent, but if there is infection from other causes, we will cure puerperal fever in its incipency and save our patients the suffering and danger of a protracted illness.

BUSHROD W. JAMES, M.D.: This subject of antiseptis, or the keeping of the parts clean, is a requisite rule which should be followed in all cases of obstetrics where there is any lesion or the least abrasion or over-tension of the tissues to such an extent that they will easily absorb any septic material. I do not think it has anything to do with homœopathic treatment to keep the parts thoroughly cleansed, not once or twice during treatment, but all the time. I believe it to be the duty of the physician to so instruct the nurse and then to see that it is thoroughly carried out not only at the beginning, but continued throughout the entire management of the case, unless the antiseptic agents used are particularly medicinal. I do not think that it influences materially the action of the selected homœopathic remedy, while this preservation of the patient from the inroads of any septic material, germs or otherwise, into the human system, where the poison will create destructive action with untoward results, is a great advantage. The action of the homœopathic remedy in these cases comes in as medical treatment only when a diseased condition has set in, and if you keep up a thorough disinfection in the large majority of cases, if not in all, you will not have to treat any of these septic conditions. The information we have in this line is important and may aid us largely in prescribing also. There may be some unknown source by which these septic germs may get into the system; and so as homœopathic physicians we should go on in this line of treatment and investigation, and thus be able to keep our patients protected on every side. We must not



forget that disease comes in from other directions than locally. There are many influences which bring on diseases, such as over-exertion, unsuitable surroundings, atmospheric influences and similar agencies of a varied character, which may produce fever or inflammatory states in this reproductive region, after parturition, which may even strongly simulate this puerperal fever condition, but we must not mistake these for the actual septic state which the puerperal poison generates. Now, in treating these cases homœopathically, I think we have to individualize a case of obstetric surgery just as we have to individualize any medical case. We must consider every condition as far as we can in each case, the fever, pain, temperature, etc., and when we have the case well considered, it matters not to us whether it is puerperal fever or any other kind of fever, or whether it has originated from septic poison or otherwise, for when we make that prescription we make it in accordance with our law, and having taken the whole case into account we prescribe for the patient as an individual, antiseptically and medicinally. Disinfection comes in first and all the time, and the homœopathic treatment should be also continued at the same time, for I do not believe that antiseptics interfere with the action of the well-selected remedy.

J. B. G. CURTIS, M.D.: This subject is an interesting one to us in our daily practice. I am sorry the writer could not give us the details in following out this antiseptic treatment, but presume he follows that laid down in the latest books, but we must not be misled by their teachings. Now I believe that antiseptic treatment is necessary, but it is necessary for the nurse and attendants and not for the patient. We all admit that the poison gains entrance through the vagina—placed there by the hands or instruments—therefore, disinfect these and not the patient, who is engaged in a physiological process and should not be considered sick nor treated as though sick. This subject means a great deal to us as homœopaths. In the first place you dare not use these numerous agents in sufficient strength to destroy any living germs, or if you do you have to use it of sufficient strength to occasion the toxic effect of the drug upon the patient, and if you are called to prescribe for that patient you have a mixed affection. If you apply these agents to those around the patient you need fear no danger. I do not believe in auto-infection. As homœopathic physicians, do everything you can for cleanliness, and then do everything you can to have the true picture of the disease in your patient.

## PREGNANCY.

BY EMILY V. PARDEE, M.D., SOUTH NORWALK, CONN.

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IN surveying the subject assigned me, I feel something as a person away back in Connecticut might feel when, standing for the first time upon the top of the Absecon light-house and looking down, he beholds "three thousand miles of emerald ocean pounding on eight miles of silver beach." I can only say as a discouraged Spanish student once said to me when out of patience with our grammar: "Why the immortal Shakespeare, when he wrote a letter to George Washington, broke his pen on the table, and say, 'This language am too poor to express my poetical feeling!'"

But I will not attempt to occupy all the latitude accorded me, and my paper will resemble the "emerald" of the ocean rather than its depth.

My communication must be somewhat desultory, as my object is, firstly, to suggest the wisdom of relieving many of the discomforts of pregnancy without medicine, and, secondly, to bear witness to the efficacy of our homœopathic remedies where medication is required. Many apparent maladies of gestation are physiological, while similar ones appearing in a non-pregnant patient would be pathological and even alarming; and while pregnancy is not in itself a morbid condition, it has a tendency to develop any latent dyscrasia, and thus we oftentimes get the "disorders that complicate pregnancy."

To defective household hygiene, to unkind and thoughtless husbands, to unwise and garrulous neighbors, to badly appointed tables, and to the mistakes of dress, we may, I think, impute the majority of the ills of procreation; and if we could but supervise the husbands, the wardrobes, the tables, and, above all, the gossips, the disorders under consideration would materially diminish.

Unfortunately, the busy obstetrician encourages a morbid habit by exhibiting remedies instead of pausing to kindly direct the often

frightened girl-woman out from a kind of superstitious darkness, which envelopes her, into a rational understanding of herself and her condition. Time spent to thus instruct a patient seems to me less "elaborately thrown away" than in attempting to determine the sex of child in utero, or estimate the pulsations of the foetal heart; and sometimes I think the welfare of a patient is compromised by the pedantic display of stethoscopes and questionable intrauterine injections. In this age of enlightenment, and this country of culture, we should not seek to simulate the customs of the old Japanese accoucheurs, who, after the fifth month, call every day, *ostensibly* to reduce surmised irregular presentations by mysterious manipulations, but *actually* to increase their revenue. If remedies are indicated as auxiliary, the law of similars is "the same yesterday, to-day, and forever;" and the same carefully selected remedies should be chosen as would appeal to similar complaints at any other period. I have often said to a patient who, discovering her plight, comes for orders: forget your condition, and do just as you would do if not conscious of it, always refraining from reaching, jumping, and Barnum's show.

I believe it is quite generally admitted that surgical operations during gestation are not attended with any extraordinary degree of danger. This opinion is based upon review of medical literature and not upon personal experience; and as it has been said that "our cleverest theorists are rarely dexterous," I will not god-mother the assertion, but I consider that in case of a rapidly-growing tumor removal is wiser than premature delivery. To leave the foreign growth and destroy the vital foetus always reminds me of the old lady whose dear little doggy got his head in her milk pitcher and could not extricate himself. In distress, the old lady argued, I *can* keep house without my dear little doggy, but I *cannot* keep house without my milk pitcher; so she cut the puppy's head off, and afterwards was obliged to break her pitcher to get it out. We have seen that cases of fracture or accidental injury heal as readily when complicated with pregnancy as in the non-pregnant. We have a case on record where the foetus was killed in utero by a pistol-shot through the abdomen of the mother, and a good delivery and recovery ensued. I recall a case in my own practice where a young woman, riding in her carriage, was picked up by a passing train (I suppose she "didn't know it was loaded"), and thrown over the telegraph wires into a gravel pit,

while there wasn't enough of the horse and carriage left for the coroner to place under a microscope. I was immediately summoned, and found her suffering from shock, a broken jaw, and several bruises and contusions. I packed her in hot Arnica, gave the third dilution internally, invited a dentist to repair her mouth, and expected every moment that labor would obtain; but she recovered, and no unfavorable symptom intervened, and at the full term of gestation I delivered her of a vigorous child.

The term *enceinte*, although French, comes to us from "incinct" of the Romans, and means to them "unbound," the Roman women always wearing a cincture or girdle until pregnant and then removing it, leaving themselves unbound. Now, laced corsets have been commended as benefiting the world at large by killing off the foolish girls; but they should be prohibited during pregnancy, for such pressure not only induces cough and hastened respiration and cardiac contractions from pressure upwards, and varicose veins from pressure downwards, but is a fruitful source of abnormal presentations and even deformed offspring, and favors prolapsus and inversion of uterus.

Goitre seems to be closely allied to the diseases of the generative organs, seldom appearing before puberty, often expanding during each menstrual period, and developing with pregnancy.

It is one of the things to be let alone, and it will take care of itself when the excitant factor is removed.

Many cases of cerebral congestion are dependent upon constipation, and would be nil if the constipation were cured, and 50 per cent. of the cases of constipation are due to gastric derangements; and right here I will spend a moment upon the battered subject of gastric disturbance and vomiting of pregnancy.

Where cervicitis exists, it is a potent factor in producing sick stomach and its train of subjective phenomena, and a bland topical application to the diseased surface leads more rapidly to relief than remedies without local treatment. The spraying of ether over the epigastric region and the corresponding portion of the spinal column has many advocates, but I consider the benefit to be so transient as not to be worth the time. Roasted maize or Indian corn "popped" and eaten freely, with salt, is of the utmost utility in some cases; but perhaps the most popular treatment to-day for this complaint is Copeman's method of dilating the external os, a procedure to be

reprehended as frequently disastrous to the foetus. In *all* cases rest the stomach and administer nutritious enemata, and, after all, I think we frequently prescribe just as the uterus rises in the pelvis, and nature heals the upheaval, and *we* get the credit.

The "longings" of pregnancy, about which we hear so much, I confess to not being in sympathy with. Some of our women, I fear me, take advantage of their condition to "long" for favorite but forbidden luxuries. One lady told me, months before she conceived, what she *would* long for *if* pregnant, as it was a soup that her husband prohibited from his table—and verily she longed, and was supplied with her forbidden condiment, and so her child was not marked by diamond-backed turtles. The discolored patches that mothers will tell us are "strawberries and grapes," often resemble a liver-pad about as closely as they do the fruits named.

In the insomnia of pregnancy avoid stimuli and excitants of any description, as also anodynes and hypnotics; advise massage and such exercise as can be indulged in at the least expense of vital power. This counsel cannot be over-estimated.

Again, many pregnant women do not bathe much oftener than the Queen of Madagascar, and stay indoors the last few weeks as closely and religiously as the Zenana women of India. They need oxygen internally and H<sub>2</sub>O externally.

The use of castor oil in the last weeks of pregnancy is very common, but not very proper. I suppose every practitioner meets it, and must admit its use or contend against it—while it undoubtedly reduces the rigidity of the os, it excites uterine contractions, and so precipitates parturition. Let us stand against such interferences, even though it be proven that Hippocrates gave castor oil to the Greeks, and that it *moved* them to the "tug of war."

Another deplorable "kink" the "old wyves" advocate is the oiling the abdomen, imagining it produces easier labor. I cannot think so, and am sure it makes the abdominal muscles flabby and less capable of shapely contractions. Instead of allowing such waste of ointment, it better be "sold for two hundred pence and given to the poor" for a homœopathic hospital in Connecticut.

Even ænemia, which more nearly approaches a disease than most of the complaints of pregnancy, is often the result of mal-nutrition of nerve centres, and is often more surely relieved by proper food, congenial companionship and plenty of fresh country air, than by

medication or even the iron and arsenic of the old school. So the œdema of the lower extremities, without kidney complications, might always be cured if doctors could furnish rest, well-directed massage, and recumbent position in place of hydrogogue cathartics so often resorted to.

Now while I have borne upon the many difficulties arising in pregnancy which demand our kindly advice and teaching, do not understand me to think that all the occurring discomforts can be met and dispelled in this way. Far from it—but the law of similars will take care of the balance.

As practical verification: Early in my practice a young woman came to me who had borne five children under allopathic guidance. Four had suffered from tinea capitis, then pulmonary and enteric irritations, and then collapse. Our valuable vital statistics would very likely show us that "*heart failure set in*" as a secondary cause of death. The fifth one pulled through, but *one* eye was sacrificed to heredity. At the beginning of her sixth pregnancy she came to me for help. I put her upon antipsorics and kept her upon them, and as a result a healthy boy was born, and he is now 12 years old. Three years later, after another eight months of faithful medication, she was repaid by the birth of another vigorous child, who is still living. These two never developed the family eczema, and I believe are entirely indebted to Hahnemann for their lives. Had Lord Byron lived to-day he might have said—

"Oh Christ! it is a goodly sight to see  
What Hahnemann hath done for this delightful land."

At another time an extremely modest, well-controlled, quiet lady of culture came to see me in the third month of pregnancy, and with shame recounted her hallucinations and sexual excitements, "so full of fearful dreams and ugly sights," which were typical characteristics of Stramonium, with its train of neurotic indices. I gave her Stramonium 3d dilution, and in less than ten days she was rejoiced to find herself free from her unnatural and frightful delirium.

I have often found myself giving indicated remedies *faithlessly*, and have marvelled at the relief they brought.

The adherent stool of Aluminum, the fidgety feet of Zincum, the white tongue of Antimonium crudum, the brick sediment of Lycopodium, the heartburn and regurgitation of Phos. are beacon-lights and

will not mislead you ; and were I launching my craft on the sea of medicine to-day, instead of pulling for the shore, to lie up for repairs, I would get my *Materia Medica* where I could use it without gas-light or spectacles.

#### DISCUSSION.

MILLIE J. CHAPMAN, M.D. : It would be difficult to add very much to a paper like that, but it is always interesting to review what can be done during pregnancy for the woman and coming child. The physician who can have charge of the patient and make her comfortable, whether her fears and anxieties are relieved by words or medicine, does more to prevent puerperal fever than can be done after delivery. Too many cases prove this. I believe in many cases if the pregnant woman can understand enough of her condition to feel safe, there are few diseases to afflict her. Medication has relieved very many of these cases for me. I know instances where women have given birth prematurely or to weakly children, who, under proper treatment during the next pregnancy, have been delivered of healthy children at term. The treatment depends upon the patient as you meet her, but that it does relieve morbid conditions during pregnancy there is no question. The nausea of early months is very difficult to relieve, but yet some of the most distressing cases that I have seen have been caused by extensive erosion of the os and cervix uteri, and were relieved by the application of the indicated remedy. In one case I used *Kali bich.* in 3d trituration, locally, and after a few applications obtained complete relief. Before that she had suffered so that premature delivery was necessary to relieve her.

*THE ÆTIOLOGY AND TREATMENT OF THE ALBUMINURIA OF PREGNANCY.*

WITH A VIEW TO THE PREVENTION OF TOXÆMIA AND  
ECLAMPSIA, AND ON THE ADVISABILITY OF  
INDUCING PREMATURE LABOR IN  
THREATENED ECLAMPSIA.

BY L. L. DANFORTH, M.D., NEW YORK.

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THE ætiology of the renal albuminuria of pregnancy, and the relationship which exists between this affection and *eclampsia gravidarum et puerperium*, is a subject which has called forth a vast amount of speculation and research in the past, and at the present time is far from being a settled question.

It seems impossible to make investigations upon the living woman or upon animals, which will throw sufficient light upon this subject to enable us to explain, in all cases, the relationship which nephritis bears to pregnancy; or why it is that convulsions occur when the nephritis once becomes fully established; or why they ensue in one case and not in another; or, again, why it is in certain cases that the convulsions occasionally occur without pre-existing albuminuria, the latter, in such cases, appearing to stand in the relation of an effect rather than a cause.

In answer to these questions, theories have been advanced which have been based on a single ascertained fact with regard to the maternal organism, and this theory is made to serve as a sufficient cause for all cases; whereas, the cause of the nephritis and the convulsions is probably complex, and may vary decidedly in different cases, certain deviations from the physiological standard being present in one case, and certain others in another.

First let us inquire as to the frequency of albuminuria in pregnant women.



Leopold Meyer\* examined the urine of 1127 pregnant women in the pursuit of this study, and of 1138 women in labor. Of the 1127 pregnant women whose urine was examined, albumin was found in 61 cases, or 5.4 per cent.

Dr. William S. Gardner,† of Baltimore, examined the urine in 180 pregnant and parturient women taken collectively, 96 of whom were primiparæ and 84 were multiparæ. It was found that 5½ per cent. of all cases had albumin in their urine in greater or less quantity before labor.

It will be perceived that the percentage of women with albuminuria is small, and no great importance need be attributed to the mere presence of albumin alone. It is the condition of the kidneys which makes the filtration of albumin possible, and the state of the maternal organism which so often accompanies albuminuria that gives to this subject its paramount importance.

Before we seek for specific causes of this visible evidence of renal disorder, let us see if there is anything in the condition of the kidney itself which is peculiar to pregnancy. By so doing, the various causes which will be mentioned as possible factors in the production of the renal disease may be better understood.

Leyden‡ has described a condition of the kidneys peculiar to pregnancy, and it is known as the *kidney of pregnancy*. The organ is relatively large, and of a pale anæmic hue. "On microscopical examination, the renal epithelium gives evidence of pronounced fatty degeneration. The urine contains albumin, hyaline and granular casts, and renal epithelium, showing fatty changes. Edema is commonly present. *All evidence of inflammation is absent, and the structural changes are due to anæmia.*

Winckel§ refers to the kidney of pregnancy, and also describes the condition as one of *anæmia*, due directly or indirectly to pressure of the gravid uterus. This condition of the organ is undoubtedly primary, and probably the result of pregnancy under certain conditions of uterine development, associated with a degree of nerve and vascular tension sufficient to produce alterations in the blood-pressure of the secreting tubules of the kidneys. At any rate, it is not such

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\* *Zeitsch. f. Geb. u. Gynak.*, xvi., 2.

† *Am. Jour. of Obs.*, vol. xxii., p. 1233.

‡ *Zeitschr. f. K. Medicin*, bd. ii.

§ *Text-Book of Midwifery*, p. 74.

condition as characterizes an acute parenchymatous nephritis, and it is in no sense an inflammatory process, although it may undoubtedly be the point of departure of all the types of acute and chronic nephritis.

These changes in the kidney may be considered among the conditions which belong to pregnancy. They are a part of the physiology of this process, and, so long as a just balance is preserved between these organs and others which are associated with them in the performance of their important functions in the economy, no serious trouble will arise. But the moment the balance is lost, and one organ or system of organs is overtaxed, then we may expect that processes which have been physiologically performed will pass over to the realm of the pathological. As Robert Banier has aptly said, "Pathology is physiology working under difficulties." This is eminently so in pregnancy; and there is no condition of the human economy where such a fine distinction is drawn between the physiological and the pathological as in pregnancy. In fact, what would be considered pathological under other circumstances, under the strain of pregnancy is simply physiological.

We must, therefore, view the kidney of pregnancy in the light of a physiological condition. It is permissible, therefore, to consider a small amount of albuminuria as the result of a physiological alteration of structure; but such a condition must always be viewed with suspicion.

Suddenly, and without warning, serious trouble may arise. We may judge of the danger not so much by the amount of albumin as by the work the kidneys are doing in the way of eliminating from the system those solid ingredients of the urine, the filtration of which is so important to health.

We have already stated that there are, in all probability, several conditions of the maternal organism, the direct or indirect result of pregnancy, which gradually or suddenly, according to circumstances, cause an aggravation of the renal disorder, and tend to the development of toxæmia and eclampsia.

We shall present these probable causes in successive order, and state the grounds which support each theory. We may be pardoned for entering at such length into a subject which is more or less theoretical and still unsettled, since the treatment of the condition itself

and its chief symptom, eclampsia, depends to a considerable degree upon the views entertained as to causation.

1. The pressure theory (Lever, 1842).
2. Mechanical obstruction of the ureters, due to compression by the gravid womb, inducing retrostasis of urine and changes in the parenchyma of the kidneys (Halbertsma.)
3. Reflex irritation of the kidneys from the contracting uterus, causing vasomotor spasm and albuminuria.
4. Increased functional activity of the kidneys during pregnancy.
5. Alterations in the maternal blood.
6. Pre-existing renal disorders.
7. Acute renal congestion from exposure to cold.

*First.*—The theory of Lever that pressure of the gravid uterus upon the kidneys themselves, or upon the efferent veins of these organs, induces congestion, is now generally discarded. The question does not merit discussion when we reflect upon the fact that the uterus, as it develops, falls forward and away from the spine and away from the kidneys, these organs and their vessels being protected in the spaces behind the uterus and at the sides of the bony column.

It is possible, as Lahs has pointed out, that general increase of abdominal pressure, and not direct pressure of the gravid womb, may produce venous stasis, thereby aggravating pre-existing chronic disease, and intensifying the renal disorder peculiar to pregnancy.

Thus renal insufficiency may be brought about, and this, associated with functional derangement in other organs, especially those which alternate with the kidneys in eliminating waste material from the system, may be sufficient to set in motion a train of influences which, if unchecked, will result in serious consequences. In this connection, *mechanical obstruction of the ureters* deserves consideration.

Halbertsma\* has called attention to "the hindrance to the discharge of urine through the ureters by mechanical obstruction due to compression by the gravid womb, or catarrh of the ducts themselves."

Löhlein's† observations in 32 autopsies of women dying after

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\* *Zeitschr. f. Geb. u. Gyn.*, bd. iii., p. 259.

† *Ibid.*, 1879, p. 88.

puerperal eclampsia, confirm this theory. In 8 of Löhlein's cases dilatation of one or both ureters was found above the pelvic brim. In 123 non-eclamptic women dying before, during, or after labor, in 4 only was there any dilatation of the ureters, and in 3 of these there was sufficient cause found either in old processes or recent pelvic exudation.

Kucher\* says that it is quite reasonable "to regard the enlarging or contracting uterus as capable of producing stretching, flexure or infraction of the ureters."

The most that we can say is that compression of the ureters may give rise to renal engorgement, with resulting uræmic symptoms, or aggravate those already in existence, if the compression takes place in the case of kidneys already struggling under the heavy burden of pregnancy and eliminating scantily of water and solids.

3. Reflex irritation of the kidneys from the contracting uterus, causing vaso-motor spasm, increased arterial tension and albuminuria.

Tyler Smith was the first to suggest that the disturbance of the kidney function might be produced by reflex nerve influences, just as the functions of the stomach, the salivary glands and the breasts, are increased during pregnancy.

The researches of Mahomed also point out what he terms a physiological albuminuria—a filtration of albumin from high arterial tension, due to reflex nerve irritability. Robert Barnes believes that the escape of albumin may be the natural means of relieving vascular tension.

When we reflect that every renal tubule is accompanied by a reticulum of non-medullated nerve-fibres, and that every epithelium is in connection with a nerve-fibre, though this connection, according to Heitzmann, is indirect through the inter-epithelial filaments of living matter, we can readily understand how easily the functional activity of these delicate structures may be deranged, through the irritation conveyed to them by the distended, intermittently contracting, and sensitive uterus, or through abnormal conditions of the general organism. It is unnecessary to add anything to what has already been said in relation to a physiological albuminuria of pregnancy. That there is a condition during pregnancy which appears to be nothing more than the expression of a physiological

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\* *Puerperal Convalescence*, 1886, p. 137.

difficulty seems well established. That this functional derangement occasionally transcends the physiological boundary, and passes over to the pathological, is also a well-known fact, and that this morbid change is accomplished through vaso-motor influence, affecting secondarily the vascular supply of the tubules, and the vitality of the epithelium is as clear as any fact in physiology which we possess. Associated with reflex irritation of the kidneys, is the increased functional activity of these organs and the state of the maternal blood as regards the excess of excrementitious matters which it so frequently contains, as a combined effect of pregnancy and deficient renal secretion.

Impaired functional activity, and an increase in the amount of work to be done, is sufficient to intensify a slight renal disorder into one of the most alarming character.

But this is not an invariable result of all the conditions involved. These various causative influences are so many links in the chain which unites the rude disorder with its unfortunate sequence, viz., eclampsia. The most that we can say of these causes of nephritis in pregnancy is that they hold a certain relation to each other not at all well established and dependent upon local and general conditions which vary with each individual case. Thus the ureters may be greatly distended, and yet the kidneys may continue to do a fair and perfectly safe amount of work. On the other hand, the renal insufficiency may come suddenly without pre-existing albuminuria, the kidney disease in such a case being the result of pre-existing poisoning, as are the convulsions and coma.

Again the renal hyperæmia may be very great, as evidenced by the large amount of albumin in the urine of renal origin, and yet the daily excretion of urine and contained solids may be of nearly normal proportions. If this condition be associated with the normal activity of the other emunctories of the body, and a low degree of nerve and vascular tension, the renal complication is of comparative insignificance.

*Pre-existing Renal Diseases.*—When pregnancy occurs in the course of chronic renal disease, the latter is very apt to be aggravated thereby, especially latent chronic interstitial nephritis, chronic tubal nephritis and lardaceous degeneration of the kidneys. The two varieties first named may have their origin in the kidney of pregnancy. Accurate conclusions as to the dangers of chronic nephritis during

pregnancy are not justified by the present state of our knowledge, though it is quite certain that the conjunction of the two conditions brings with it its own peculiar dangers. Eclampsia is of relatively infrequent occurrence in chronic nephritis. The course of pregnancy is apt to be interrupted, when chronic renal disease is present, by the premature expulsion of the fœtus. Frequently recurring pregnancies in the course of chronic nephritis has a tendency to hasten the death of the mother. Of forty-six cases, chronic in character, reported by Hofmeier, only one-third of the patients had eclampsia, but one-half died.

*Acute nephritis* in pregnancy is one of the most serious complications of this state. When any latent tendency to nephritis exists, exposure to cold and impeded cutaneous functional activity are more likely to develop the disease in the pregnant than in the non-pregnant state. In acute nephritis of pregnancy the urine is diminished in quantity, contains a large amount of albumin, tube-casts and red blood corpuscles. Eclampsia is of frequent occurrence.

*Treatment of the Pregnant Woman with Albuminuria and Renal Insufficiency with the Object of Preventing Eclampsia.*

It should be the rule in all cases of pregnancy to examine the urine as early as the fifth month and to repeat the examination throughout the remaining period of pregnancy at intervals of two weeks. This rule is more imperative in primiparæ than in multiparæ, but it should not be neglected in either class of patients. But this important duty, carefully performed, may not give sufficiently early notice of pending danger. The various nervous phenomena due to toxæmia and giving warning of convulsions should be stated to some reliable person associated with the patient, and these phenomena should be reported to the physician as soon as they occur.

It should be remembered that the amount of albumin passed is no criterion of the danger to which the patient is liable. But a gravida who is suffering with marked albuminuria and has casts in her urine, is in great danger of becoming eclamptic from the moment in which the quantity of urine perceptibly diminishes.

As Winckel states: "The danger decreases with the increase in the amount of urine and the diminution of the albumin. The death of the child improves the prognosis, as does also the occurrence of profuse sweats." Still greater accuracy may be attained in the

estimation of the gravity of the case, as regards the tendency to convulsions by carefully measuring the total excretion of urine for twenty-four hours, determining the specific gravity, and from these known factors determining the total amount of solids eliminated during that time.

In order to relieve the kidneys as much as possible, the alternating emunctories of the body, the bowels and the skin, should be kept in perfect order. Constipation is to be especially avoided. Locking up of the intestinal secretions increases portal congestion, throws back upon the blood noxious gases, the product of decomposing faecal masses, adds to the work which the kidneys are called upon to do, and is in every way harmful.

So important is this subject considered by Winckel that he has made it a practice in his clinics for the past twenty-two years to give to every pregnant woman who had any notable albuminuria, pills of extract *Colocynth* with ext. *aloes* ãã 1.5 gm., 30 pills, 1 to 3 pills each morning. This is done to produce free watery evacuations, and warm baths are also used as adjuvants. By this treatment the mortality from eclampsia has been greatly reduced.

While it may not be necessary to resort to such heroic measures as Winckel advocates, the treatment advised by him indicates the general plan which the writer believes it advisable to follow. The overweighted organism must be relieved at all hazards, else the kidney complication and its consequences will rapidly develop in many cases. The warm bath is equally essential in promoting the activity of the skin. A hot bath at 100 F., given every day, the patient afterward being wrapped in a blanket, causes diaphoresis which will last an hour or two. By these means vascular and nerve tension is relaxed, and the patient will be enabled to go to term without injury to the child.

The diet should be carefully restricted when the patient can bear it; milk diet is exceedingly efficacious, and should be continued as long as the symptoms demand it. Meat and other nitrogenous food should be forbidden. Pure water, Poland preferably, should be drank in considerable quantities. In addition to these means, the appropriate homœopathic medicine should be administered according to indications—*Arsenicum*, *Apocy.*, *Apis*, *Cantharis*, *Digitalis*, *Hellonias*, *Merc. cor.*, *Kalmia* and *Glonoin* are among the most useful at this time.

The quantity of urine passed during each 24 hours should be carefully measured and the specific gravity taken in all cases where the amount of albumin is large and the elimination known to be scanty. In other words the physician should not depend upon approximate estimates made by the patient or attendants, but should inform himself by exact measurements as to the amount of the work the kidneys are doing.

So long as these organs are congested and excreting insufficiently all irritating influences should be avoided, such as chilling the surface of the body by exposure to cold, late suppers, dinner parties, wine, and disturbing emotional influences.

Adherence to the above principles of treatment will accomplish all that can be done by means of hygiene and medicine to prevent eclampsia. Fortunately, this most dreadful complication of pregnancy, labor, and the puerperal state ensues in only a small proportion of those who have albuminuria. In 38,306 labors reported by English authors, convulsions occurred once in 485 cases. Schröder estimates that eclampsia is met with once in about 500 deliveries. Later writers estimate the frequency as great as once in 300 cases. If we make the estimate of the frequency of albuminuria of pregnancy as  $5\frac{1}{2}$  per cent., or 1 in  $18\frac{1}{2}$ , and the frequency of convulsions as 1 in 300, the highest estimate, the chances of convulsions in albuminuria would seem to be as 1 to  $16\frac{1}{2}$ .

In this connection it is well to remember that convulsions sometimes occur during labor, when repeated examinations of the urine during pregnancy have failed to find any traces of albumen in the urine. Such cases are undoubtedly purely reflex in character, and are due to very painful uterine contractions, especially those caused by the painful distension of the external os, or of the vulva; or they may be caused by very strong muscular efforts, as in violent straining of the abdominal muscles. In such cases albumin is discovered after the convulsions, and stands in the relation of an effect, rather than a cause of the eclamptic attack.

True eclampsia following albuminuria and renal insufficiency is, in the light of our present knowledge a genuine toxæmia. By this term is meant a general empoisonment of the material blood and nerve centres from the retention in the system of noxious elements (physiological *débris*) due to failure of the eliminating organs. Besides the normal waste, there are no doubt, special poisons manu-



factured in the system as the direct result of pregnancy. Battle-huer conceived the idea that a product of decomposition resembling the ptomaines, generated in the body during life, may be the cause of the convulsions. Tyson\* thinks that "the toxic substance in the blood is contributed by some product of the foetus, as shown by the fact that its consequences present themselves usually only in the latter half of pregnancy, when the size of the child is such, that its excretions must add materially to those of the mother. The exact nature of the toxic substance is unknown; it is probably complex, and represents the combined excrementitious substances from the mother and foetus." Why these deleterious elements do not universally produce their baneful effect on the kidneys of the majority of the pregnant women, is, as Tyson says, for the same reason that the poison of scarlet fever circulating in the blood of its subject, fails in the majority of instances to produce nephritis in it. Winckel remarks that there are not only great differences in the degree of intoxication, but probably also various poisons, or at least one poison arising in different ways in the body of the pregnant woman which may be the cause of eclampsia.

Furthermore, it would seem to be altogether probable that nephritis may also be the result in some cases of blood empoisonment. Kidneys which are already slightly affected, and are performing their functions imperfectly though as yet adequately so far as their eliminating properties are concerned, may very easily be made to transcend the bounds of safety, and pass over to a decided pathological condition under the irritating influence of poisoned blood, and increased arterial and vascular tension. Sudden diminution of urinary secretion and increase of albumin and casts must be due to other than mere local influences. Physiology furnishes a basis for our suppositions on this subject, and by reasoning from physiological premises we cannot be led far astray.

We know that the organism constantly receives and makes poisons, most of which are eliminated by the cutaneous, pulmonary, intestinal, and renal emunctories. Some of the most active of these poisons are manufactured in the liver, and others are destroyed by this organ. But of all the emunctories, probably the kidneys play the most important part, though it is impossible to state which is

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\* The Bright's Disease of Pregnancy, *Medical Record*, vol. xxxix, p. 1.

the more important where all are so essential to the well-being of the individual. We all possess more or less individual idiosyncrasies with regard to the functional activity of different organs. With one, the liver is the organ which is most prone to functional inactivity. Under the strain of pregnancy, and additionally weighted by improper diet or insufficient exercise, the liver fails to perform its functions as an eliminator and destroyer of effete materials; the result is a toxæmia wherein the products of mal-assimilation predominate; the kidneys are compelled to do more than their usual amount of work, they become irritated, inflamed, and the renal cells exhibit every grade of morbidity, from simple congestion and cloudy swelling of the cells, to an advanced diffuse nephritis, with involvement of the interstitial tissue.

Nephritis, toxæmia, and eclampsia, are associated conditions, and according to the views which have been set forth, are so many manifestations of a complex morbid process which varies in intensity according to individual idiosyncrasies.

*Symptoms of Toxæmia and Threatened Eclampsia.*—The first symptom which appears is often a puffiness of the face, especially around the eyes and cheeks. The face has a full, swollen appearance. There may be also swelling of the hands and lower extremities. Headache of a throbbing character, affecting especially the frontal region, is complained of; the pain is often very severe; the face may be flushed or pale. Disturbances of the special senses are met with, but usually are later manifestations of the disease. Dimness of vision is the most common symptom. Pain in the epigastrium is often experienced, and is an especially ominous symptom indicating severe toxæmia. The pain is often associated with vomiting, and may extend to the chest or abdomen. The patient is drowsy and stupid, and when toxæmia is marked, the sleep is heavy and sometimes develops into coma. The presence and intensity of these symptoms in connection with the amount and specific gravity of the urine passed in twenty-four hours, will be the criterion of the danger.

*Treatment.*—If these symptoms occur near full term, nature will often come to the rescue and empty the uterus spontaneously. The more remote the toxæmic state with renal insufficiency from full term, so much greater the danger to both mother and child.

Nearly one-half the children of eclamptic mothers die either be-

fore or during delivery, and about 30 per cent. of the mothers succumb from the violence and frequency of the attacks, the degree of the coma, and the high temperature which accompanies the spasms.

If, in the course of pregnancy, the albuminuric woman has sudden urinary suppression, with symptoms of toxæmia, the treatment must be actively and intelligently applied to forestall spasms.

The *hot bath* or, better, the *hot-pack*, is exceedingly useful to promote diaphoresis, relax the tension of the bloodvessels, and allay nervous irritation. The patient should be wrapped in a woollen blanket wrung out of water as hot as can be borne; dry blankets should be wrapped around the wet one, and the patient allowed to remain until sweating is profuse. If the bowels are constipated, two or three drops of Croton oil in a little glycerine or butter, or one-tenth of a grain of Elaterin will be followed within a few hours by free purgation. If the temperature is high, with a full, bounding pulse, *Veratrum viride*, in the tincture, should be freely administered until the temperature is lowered and high arterial tension reduced. *Gelsemium* would be indicated if the pulse were full and slow, the patient apathetic and indifferent, skin hot though perhaps perspiring, facial expression heavy, besotted, and indifferent. If labor had begun with the patient in this condition, and the os uteri were thick, rigid, and undilated, *Gelsemium* would be all the more applicable to the conditions. If the heart's action is weak, slow, and intermittent, with renal insufficiency, and toxæmic symptoms are present, *Digitalis* in small doses will be of benefit.

*Belladonna* is useful in the sthenic cases: full-bounding pulse, high temperature, flushed face, and delirium.

*Glonoine*, when cerebral congestion, with headache of a throbbing, pounding character is present.

*Apis*, if the patient is very drowsy and is much swollen about the face; urine scanty.

If the patient is near full term the unfavorable symptoms will often clear up under the above method of treatment, and labor will come on in the natural way. In order to accomplish this much-to-be-desired result, the patient must live in the most careful manner; diet and surroundings must be as favorable as possible.

When renal insufficiency and toxæmia, resulting from either acute or chronic nephritis occurs in the mid- or latter period of pregnancy, we may well consider whether it will be possible for the mother to

carry the child to full term ; or, in case it should be possible for her to do so, would not her chances for life, and that of the child, be greatly jeopardized by the effort ?

Winckel\* says: "Well-marked albuminuria (nephritis of pregnancy), eclampsia gravidarum, furnishes, in his estimation, no indication for the induction of premature labor. For, in the first place, we are not in a position to bring about the expulsion of the fœtus in a few hours ; and further, the local irritants used to induce the abortion increase the eclamptic attacks without the prospect of arresting them surely, or even probably, even when the embryo is completely expelled. Above all, we have in Chloral hydrate, Chloroform, and in the treatment with hot baths, a much safer means of controlling this disease than by inducing abortion." Winckel relies for his success in the management of these cases upon such measures as have been mentioned in this essay. With all due regard for this high authority, we cannot fully agree with his conclusions. Attention to hygiene, regulation of the bowels and functions of the skin are all important indications, and must be thoroughly fulfilled.

In the majority of instances these measures will be successful in increasing the amount of urine, diminishing the albuminuria and the intensity of the toxæmic symptoms.

If the alarming symptoms arise near full term, we may succeed in carrying the patient along until labor comes on naturally.

Success in this endeavor should make us none the less watchful during labor and in the first days of the puerperal period, for sudden suppression and convulsions may follow the birth of the child, though the danger diminishes from the moment the uterus is emptied and the puerperal state is begun.

The earlier in gestation the kidneys show signs of failure, the greater the danger, particularly if the condition is associated with such other disorders in the general health as have been described.

It is proper to encourage the adoption of every known measure, hygienic and medicinal, to overcome the alarming symptoms. But we must not too long delay recourse to other means should our efforts prove unavailing. It is to those cases which prove intractable to our well-directed means, and to these only, that the operation for the induction of premature labor is recommended.

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\* *Text-book of Midwifery*, p. 616.

Fortunately, the question of ending gestation is rarely brought up for consideration before the seventh month. The child is then viable, and has a better chance of surviving if born prematurely than if allowed to remain and be nourished by the poisoned blood of the mother. But the induction of premature labor is even justifiable, though the child be sacrificed, rather than jeopardize the mother's life by a continuance of pregnancy when the kidneys are hopelessly affected and toxæmia profound. The child would probably perish anyway, and it is better to take the matter into our own hands and control the situation, than to allow the case to drift into a hopeless state and sacrifice both lives when one only need have perished.

The following brief histories, occurring in the writer's experience during the past year, will illustrate the position taken in this paper:

Mrs. S., æt. 27,\* primipara, wife of a physician, was advanced six months in pregnancy. The husband asked advice with regard to the conduct of the case. Patient had albuminuria for one month; face was swollen; had occasional throbbing headaches; urine was scanty; contained a considerable amount of albumin, epithelia, and casts; was inclined to be drowsy, and could not retain solid food; milk diet, with carefully-selected homœopathic remedies, were given. Urine increased and symptoms improved. The patient was kept in bed, all irritating influences removed, warm baths were given, and milk continued. Improvement would alternate with aggravation of all symptoms, including diminution of urinary secretion. On the whole, the symptoms grew gradually worse and the patient was in a partial coma most of the time, with severe headache. The treatment carried on by the husband was most thorough, both as regards medicine and hygiene, but all without avail. It seemed hopeless, under the circumstances, to expect that the patient could go to full term or that she could be carried along until the period of foetal viability. After careful consideration of all the symptoms of the case it was decided to empty the uterus. The operation was begun at 10 o'clock in the evening, and by 3 o'clock in the morning the woman was safely delivered of twins. No complications of any kind during delivery. It was several months before the patient fully recovered her health, though the albumin disappeared in a few weeks.

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\* The record of this case has been lost, and therefore the exact facts cannot be given. The history is given from memory.

The next case occurred in the writer's own practice:

Mrs. V., æt. 29, primipara, came under observation February 15, 1890, advanced five months in pregnancy; complained of a dry, fatiguing cough, almost incessant. No bronchitis or laryngitis, except redness due to coughing. Considered cough as a reflex of pregnancy. On February 25th, cough was no better. Noticed swelling of hands and face. Further inspection showed œdema of legs and feet; pitting on pressure. Sleeps poorly. Says she has been eating meat three times a day and indulging in late suppers. Requested the patient to save urine for twenty-four hours and bring specimen next day. Specimen furnished, with the report that a pint had been passed. Specific gravity, 1029; albumin 25 per cent.; found three hyaline casts on one slide. Prescribed *Apis*, discontinuance of meat and adoption of milk diet; warm baths, temperature 100°; and a mild laxative to relieve the constipated bowels.

February 28.—Passed over a quart of urine during past twenty-four hours. Specific gravity, 1024; albumin, 20 per cent. Less œdema. *Apis* and *Merc.* corr.

March 1.—Passed one quart of urine. Continued same remedies, milk diet and daily hot bath.

March 3d.—Did not see patient on the 2d inst., but reports that she passed a small quantity (one pint) of bloody urine. On the 3d, passed less than half pint in twenty-four hours; urine bloody. Specific gravity 1030, boiled solid in test-tube; œdema general; headache with dimness of vision; great pain in stomach and bowels; unable to retain anything on stomach. Saw patient at 9 A.M. At noon word was sent that patient was blind. At 1 P.M. visited patient and found her totally blind; severe headache and tendency to coma. Within ten minutes after my arrival patient was seized with a convulsion; within ten minutes had a second one, followed by coma. Proceeded at once to effect delivery. Gave chloroform to check tendency to further convulsions. Dilated the cervix with Barnes's bags and fingers; succeeded after an hour and a half in effecting dilatation, and within two hours delivered the child. Hæmorrhage moderate, uterus contracted well. Patient suffered severely from shock; had cold clammy sweats, weak pulse and tendency to coma. No more convulsions. Passed no urine during next twenty-four hours; tendency to coma continued. Resorted to hot packs, but could not get patient to sweating until one-eighth

grain pilocarpine was injected, when perspiration started and the packs were effective. Urine gradually increased in amount. After a tedious convalescence, marked by some annoying features not directly due to the kidney disease, patient entirely recovered and to-day is in good health. The only error in this case was that the induction of labor should have been undertaken a day or two earlier. But the severe symptoms set in after a temporary improvement which deluded us into the hope that we might after all improve the condition without emptying the uterus.

The following case was seen in consultation :

Mrs. H., æt. 31, seven-para, about five months advanced in pregnancy, when she began to complain of dimness of vision and dyspnœa. The symptoms increased until December 22, 1890 (then seven months pregnant) when she applied to her physician. Under his advice, consulted an oculist, who discovered a *retinitis albuminurica*. Urine was then examined and found to contain 50 per cent albumin. Anasarca slight; dyspnœa and pulmonary œdema very distressing; epigastric pain and vertigo; patient had not lain down to sleep for weeks. Saw patient January 14, 1891, in consultation. Heart's action rapid and tumultuous; increased area of cardiac dulness; crepitant and subcrepitant râles throughout both lungs, most marked in left; dyspnœa extreme; not much general œdema; urine fair in amount and of good color. Did not have an opportunity to make a careful analysis of urine. Symptoms were so urgent, advised emptying uterus at once. Advice was accepted and followed. Child born within twenty-four hours from time proceedings were begun. Child living and in fair condition. Mother's condition greatly improved; dyspnœa much less. Patient died some months later of chronic nephritis.

The writer has seen two valuable maternal lives lost during the past two years by delaying active treatment until convulsions and coma rendered delivery impossible. He is familiar with several others where lives of both mother and child have been saved by timely interference by the induction of premature labor.

*Method of Inducing Premature Labor.*—The safest, simplest and best method of inducing premature labor is the insertion of a bougie or linen catheter between the membranes and uterine wall. By this method labor-pains are excited usually within twenty-four hours; they come on gradually, increase slowly; the os dilates normally;

the membranes rupture, or are ruptured at the proper time, and the process resembles a normal labor in every respect. No violence is done to uterus or its contents. Before the bougie is introduced the vagina should be cleansed with a solution of the bichloride of mercury  $\frac{1}{2000}$  and the instrument itself should be thoroughly aseptic. With the finger of one hand in the cervix uteri as a guide, the bougie is passed along until it reaches the internal os; then the bougie is turned to one side by the finger in the cervix and pushed gently along between the membranes and the uterine wall until the whole of it has entered the uterus, except a small portion which remains in the cervix or protrudes at the external os. A antiseptic tampon should be placed in the vagina to prevent slipping of the bougie. It is desirable not to rupture the membranes, and, therefore, a stiff inflexible bougie should be avoided. It is just as desirable that the membranes should be left intact here, as in normal labor, for we need the dilating influence of the elastic bag of waters. If, however, the os should be dilated wholly or partially, and soft and dilatable, no harm would come from premature rupture of the sac; indeed, the outset of labor would be hastened thereby. If all hope of relieving renal insufficiency and its consequences by ordinary means have been abandoned, the operation for the induction of premature labor should not be delayed too long. It is better to act too soon than to delay until convulsions have set in. The induced labor should, however, be made to resemble normal labor as closely as possible. If the cervix uteri be rigid and undilatable, large vaginal injections of hot water, repeated every hour, will aid in this process. If convulsions are imminent and the operative interference is painful, or if the dilating process seems to provoke spasms, the administration of 30 grains of chloral per rectum will quiet reflex disturbances and favor dilatation. If spasms should come suddenly, chloroform may be given as the preliminary calmative, and this may be followed by chloral, which is preferable for continued use.

When the dilatation progresses slowly, *Caudo.* or small doses of ergot may be given to increase the force of the contractions. Chloroform alone often soothes the nervous system and relaxes the cervix, and thus aids in the dilatation of the os. When delivery progresses slowly and pains are inefficient, the application of the forceps is a justifiable procedure. Ether should not be used as an anæsthetic on account of its tendency to increase renal congestion. Intra-uterine



and vaginal douches of corrosive sublimate and carbolic acid are objectionable for the same reason. Permanganate of potash or Listerine would be preferable.

#### DISCUSSION.

J. C. SANDERS, M.D.: I most heartily approve of the conception furnished in the paper as to the ætiology of the malady described. I believe the toxæmic condition mentioned by the writer to be the chief cause of the condition. When we consider for one moment the status of the blood in pregnancy,—I mean the physiological status,—that is, the status of the blood in gestation, which is a physiological condition, and how in the progression of gestation it comes into a status that is one akin to the pathological condition we find in inflammations, akin to the pathological conditions we find in anæmia, akin to the conditions we find in chlorosis, we need not wonder at the occurrence of the malady described in this paper. Then look at the causes contributing to this natural status of the blood, causes inducing toxæmia which is supplementary to this natural status of the blood, depending upon the faulty elimination from the bowels, kidneys, skin, and respiratory tract. Then, added to this, that peculiar condition of the nervous centres involving the brain, the lower brain especially, the cerebro-spinal centres, which may be expressed by the term exalted impressionability, we need not wonder at the possibility, yea, probability, of the occurrence of the malady. So that I feel to sustain the speaker fully in the general proposition that it is not simply anæmia alone, nor albuminuria alone, but really a condition that more accurately may be denominated toxæmia, which is the occasion of the convulsions and largely the result of this nephritic condition.

JULIA HOLMES SMITH, M.D.: I was very anxious to hear the close of this interesting paper, especially to hear the doctor's arguments for or against instrumental delivery, the time when, and best method.

In one of my patients I have seen this appalling condition twice at term, and, albumin appearing at the fourth month of a third pregnancy, I felt justified in producing abortion.

The first time I was called was in the absence of the regular attendant, and the nurse, who had been in the house some hours, reported entire suppression of urine, and also that the slightest touch on the back over the kidney caused terrible pain, so that the patient was on her hands and knees, and could not lie down.

Finding the os only a little dilated, and wishing to help all I could, the patient was persuaded to go to bed, when, in a very short time, convulsions set in, and I sent for a surgeon to help me. The condition was the most frightful I had then ever experienced, and

the consultants, of whom there were three, gave me little hope of life. The child was still-born, the patient recovered, and two years thereafter I was engaged to "watch the kidneys carefully and save the baby if possible." All that I could do was done. The urine was carefully and frequently examined by Prof. Mitchell, and yet twenty-four hours after he sent a note stating: "I find albumin; look out for the case." The woman was in convulsions, and again we had recourse to instruments, and delivered a living child, small but well formed, which lived three weeks, and then died with convulsions; and in this baby's urine there was a trace of albumin.

What wonder, then, that I decided upon interfering with a third pregnancy. The lady is now quite well.

T. F. ALLEN, M.D.: I wish to say a word on behalf of the general practitioner, the homœopathist, in this matter of obstetrics and puerperal fever. Perhaps I could not say more than that I am in general practice, and have been for thirty years, and I have never had a case of puerperal fever. I think that no person in a thoroughly fair state of health will contract puerperal fever. I know that experiments at Strasburg show that the serum of healthy blood is not a culture medium for bacteria. I stand with Dr. Lippe, who said: "Put your woman in a healthy condition and she will not have spasm nor puerperal fever." I cannot see how it is going to happen. Cleanliness is next to Godliness, and this should always be carried out. Large doses of Ergot produce puerperal fever without doubt. I cannot see how a normally pregnant woman can get this condition from herself; she may possibly from others. I am extremely interested in this question because I may have a case at any time. My late associate, Dr. Dunham, was once called to see a lady who had had four or five miscarriages in connection with albuminuria. The physicians called in had induced labor, all the children being born dead, and there was no child in the family, although they were desirous of having them. Dr. Dunham took charge of her early in pregnancy. She went to full term, and had a strong healthy boy, although she developed albuminuria during the gestation. Albuminuria is not an uncommon thing in pregnancy. It does not always lead to convulsions or premature labor or the death of the mother or child. I think that as homœopathists we may still take courage in spite of the germ-theory of disease and in spite of septicæmia.

WM. OWENS, M.D.: I can agree with what Dr. Allen has said, for I believe that if the pregnant woman is in a perfectly healthy condition, she will not have puerperal fever. I have not had a case in forty-two years of practice, and two cases only of convulsions. At an early period of my practice, I conceived the idea that while we may have an abundant show of albumin in many cases, it is not the immediate factor inducing convulsions, and we begin at the wrong end to treat it. If you treat the functions of the organic

nervous system correctly, and thus secure good nutrition in your patient, you will have no case of puerperal fever, in our judgment. In addition to this, all reflexes or convulsions which have been discussed here, in my judgment, will be found to be dependent, in some degree, upon extraction of the albumin from the blood, and the trouble lies in the organic nervous system, where all reflex actions lie. Was called to see a lady who had had three attacks of convulsions, and had been compelled to have labor induced at each time. I treated her on the first appearance of albumin, about the fifth month, and she went to full term and was delivered of a healthy boy, who is still living. Since that time that lady has become the mother of three children, and no further attacks of convulsions. Another case in which I was in consultation; the woman had forty-three convulsions before I saw her, and three convulsions afterwards. The first one occurred about fifteen minutes after I saw her, and the second an hour later. Between the second and third, which occurred half an hour after the delivery, the child was born without interference. You will remember that we have a few drugs which have this condition in their pathogenesis. Kali bich. was the chief remedy in the case quoted, with Arsenicum later.

FLORA A. BREWSTER, M.D.: I would like to hear an explanation on two or three points from the doctors present. What is the fatality to the mother if you do not interfere, and what to the child if you do?

Again, what would you do in an unfortunate case like this? A lady from the eastern shore of Maryland came to me with a tale of convulsions during a previous confinement, and a complete laceration of the perinæum, extending an inch up the rectum; which had, however, been partially restored. She was now near another confinement, and in three days after she became my patient, was in labor. After a few hours of labor, the convulsions appeared as in the previous labor. I put her under chloroform and delivered her at once. Both mother and child did well, quite a fortunate termination for us all. In her previous pregnancy the child was still-born. Since that time I have carried her through other pregnancies, with no return of the convulsions. The treatment has been diet, massage, and electricity.

Did the treatment prevent the return of the convulsions, or has the woman outgrown that tendency?

J. C. SANDERS, M.D.: I wish to speak concerning the manner of the art of the induction of labor. There is no question, it is beyond all doubt, that there are cases where the interposition of obstetric art becomes necessary for the safety of the mother. Some may say they have not seen a case in thirty or forty years, or never have seen a case of convulsions, and therefore question the necessity of such interference. As it is upon this point the discussion is turning, I will

affirm that this proves nothing against the experience of those who have had to do with these cases. Now a word touching interference based upon the question asked by the last speaker. If the interference should occur in the earlier months, it would necessarily compromise the child, but if near the completed term, it need not necessarily do so. Now I have a little criticism as to the mode. If the interference is before the period of viability, I think it does not matter whether the bougie or catheter is used, but when it occurs at the period of viability, or subsequently, I think artificial dilatation of the cervix and os far preferable. You may think it is an easy thing to pass a catheter up through the os and not endanger prematurely rupturing the membranes, but it is a nice art to do it. For so surely as we prematurely break the membranes, we compromise the safety of the child, for we are not only acting for the life of the mother, but we must give all possible chance to the child. Dilatation with Barnes' dilators, bag after bag, or other hydrostatic dilator, is by far the safer and surer method, for as surely as this is continued, labor forces will be set in action. I do not believe it possible, that any womb can long resist the dilating process without the sure induction of the parturient act.

L. L. DANFORTH, M.D.: The point of my paper centres in this single statement, viz.: When the toxæmia is so profound as to endanger the life of the mother and child, do not adopt an expectant line of treatment. We should imitate nature, and empty the uterus by such means as will most closely resemble the natural process. This may seem to many an unwarrantable and dangerous procedure. But remember that this extreme measure is advised only in such cases as have resisted all other means of treatment. I grant that the cases will be few when such a radical procedure will be necessary. I believe it is a high degree of toxæmia that we have to deal with, and this empoisoned state of the blood sometimes comes on rapidly. The maternal organism is overwhelmed with the intensity of it. We have doubtless employed all the measures known to us, to lessen the so-called uræmic symptoms. But they will not subside, or if there is an improvement it is only temporary. Homœopathic remedies, milk diet, warm baths to induce diaphoresis, elimination of the poison by the bowels, all have their sphere of usefulness, and when judiciously employed, are often fraught with satisfactory results. Formerly, about thirty-five per cent. of the cases of eclampsia of pregnancy and labor, and twenty per cent. of those who were first attacked in the puerperium succumbed. Under treatment which includes elimination of the poison by the skin and the bowels, and the regulation of the diet and the administration of suitable remedies, only seven to ten per cent. are lost. This mortality may be greatly reduced by resorting to the operation for the induction of premature labor at a suitable time, and in a proper

manner. We need not hesitate on account of the child. Its chances of life are better if labor is induced after viability is well established, than if the case is allowed to drift along to the verge of convulsions. Lusk says that one-half the children die, while Winckel puts the mortality as high as seventy-three per cent., so that the child's chances are at least as good one way as the other. I would just say one word with regard to the liability to convulsions. A gravida who is suffering with marked albuminuria, and has casts in her urine, is in great danger of becoming eclamptic from the moment in which the quantity of urine perceptibly diminishes. The presence of such symptoms as have been detailed in the paper read as indicative of uræmia, will also help us to determine the degree of danger. The death of the child in utero, and the occurrence of profuse sweats, as well as an increase in the amount of urine, are favorable indications.

*DECUBITUS IN DYSTOCIA.*

BY CHARLES A. CHURCH, M.D., PASSAIC, N. J.

A KNOWLEDGE of little things, as well as great, is science; the ability to call up and utilize that knowledge in emergencies is skill; the possession of both knowledge and skill marks the dextrous, the expert. My subject is one of the little things of the obstetric art, a knowledge of which and the ability to utilize that knowledge to the help of cases of parturition when it is applicable and needed will do more for the comfort and safety of parturient women than any other one thing known, the forceps and chloroform not excepted.

I presume cases have occurred in the practice of all the older physicians present, of lingering, tedious labor, which have terminated, almost as if by magic, when the patient has simply changed her position—sometimes from back to side; sometimes from side to back; sometimes from one side to the other.

Cases of this kind occurred in my early practice, but without making any other impression upon my mind than that it was queer, a funny coincidence, until a case occurred that was a sort of an eye-opener to me. I was engaged to attend a lady in her third confinement. Her previous labors had been without accident or incident outside the ordinary. Her physical condition was in every respect normal. The functions of the kidneys, stomach, liver, bowels, everything, was as it should be. She had no headaches; no puffiness of the ankles or feet; was eating properly, taking plenty of exercise in the open air, looked well and seemed contented and happy. In due time regular pains came on and I was notified. My first examination showed the os uteri partially dilated, soft, and easily dilatable, the membranes slightly protruding, the head presenting, and the uterus contracting firmly with each pain; everything indicated a reasonably rapid, natural, easy delivery. I sat down to wait. After a reasonable time I made a second examination, but there was no perceptible

change or progress. After rapidly reviewing the points in the case for my own satisfaction, and noting that the bag of waters protruded with a proper tension during each pain, I again sat down to wait. A third examination, some time later, still showed no progress except a little more dilatation of the os and a little more protrusion of the membranes. Pressing my examination inside the os, I found one of the sutures of the child's head, which I supposed was the sagittal (although I could not reach either fontanelle without danger of rupturing the membranes), but running from before backwards and from left to right. Diagnosing the position left occipito-anterior, I assured the patient and friends that it was all right, only a little tedious, and went to lie down for a while, to be called when needed.

After a while I was called, and needed, too; not because of any progress towards delivery, but because the patience of all hands had become exhausted and there was a *demand* that something should be done. Chloroform, instruments, consultation, any number of "neighbor's prescriptions," what this doctor or that, older men than myself, had done in similar cases, etc. I was a young practitioner, a comparative stranger in the place, and I can assure you, if any doubt it, I felt the responsibility of that hour. Pressing my next examination with less regard for consequences, I discovered that the suture of the child's head, which I had supposed was that between the two parietal bones, had on one side a firm, unyielding bone. Following up this clue, I found I had the lambdoidal suture instead of the sagittal, and that the suture between the parietal bones was partially a-straddle the pubis, and that every pain, instead of pressing the child's head into the pelvic canal, was pressing it down upon the brim of the pelvis and its neck back against the promontory of the sacrum. I worked faithfully, if not skilfully, to dislodge that head, but unsuccessfully. I could not seem to make any impression upon it. As an experiment, I placed the mother upon her left side and pressed the body of the uterus as far as possible towards her left, down upon the bed. This movement dislodged the head, brought the posterior fontanelle into the axis of the pelvic canal, and within less than two hours the patient was safely delivered of a fine, plump, well-formed child, and, so far as I know, never suspected her physician's mental agitation, nor that hours of the suffering she had endured were due to his ignorance. But her sufferings were not altogether in vain, for the experiences of that night taught me a lesson of the

advantages to be derived from changing the position of the mother to correct a faulty position of the child or a faulty relation of the child's head to the pelvic canal, which has served to shorten many a tedious labor and to render safe and comparatively easy many a difficult and complicated one.

The principle involved, and its application to the mechanism of labor may be described as follows: An infant's head is somewhat egg-shaped, a point very near the posterior fontanelle, possibly a little below on the occipital bone, representing the small end; from this point to the chin is the longest diameter, the occipito-mental. If this diameter is in proper relation to the pelvic canal, with the occipital end ahead, there is usually very little for the accoucheur to do except to support, encourage, protect, and be ready for emergencies. If, however, any other point than the occipital end of the occipito-mental diameter presents at the brim of the pelvis or seems about to enter the pelvic canal, I believe it to be the duty of the accoucheur to place the mother in such position as will bring about the position and relation I have indicated as the correct one, if possible.

To do this requires necessarily, first of all, a correct diagnosis—not always, by any means, an easy thing to make in the early stages of labor, but by changing the mother from side to side and from face to back, and making careful examinations in these several positions, the location and direction of the child's head can usually be made out, and also the position of the mother necessary to bring about a correct relation between child and mother for the easiest delivery. A test of the success of our manœuvres is found by an examination of the child's head, post-partum. If the caput-succedaneum is situated squarely over the occipital protuberance and posterior fontanelle, you may be satisfied that, so far as position is concerned, your patient has had as easy a labor as possible; but if situated anywhere else, either higher up or at one or the other sides, no matter how easy the labor has been, it would have been easier in a more correct decubitus. Two or three cases briefly cited will illustrate the practical application of this principle.

I was called in consultation to a case with the following history: On the previous day, as the patient was walking up-stairs to her room, there was a sudden gush of water from her which continued to flow until she reached her bed. The physician was immediately



summoned, and found the membranes ruptured and labor begun. For nearly twenty-four hours he had worked over the case without producing the least effect. Even the forceps, which he had applied, could not make the head engage in the superior strait. Examining the patient, I found the neck of the womb sufficiently dilated to admit the forceps, and soft and dilatable, but the child's head in the transverse position, the occiput to the mother's right. I placed the patient upon her right side, crowded the body of the uterus over to the right side of the abdomen as far as possible, advised remedies to quiet her and a few minutes' sleep, if possible, as she was not only greatly exhausted, but greatly agitated and alarmed. Within an hour the child was born, the physician, who had left the bedside for a few minutes, returning just in time to receive the head as it protruded from the vulva.

A fatal case occurred in my native village, during my student days, which made a deep impression upon my mind. The physician who was called in consultation, and who delivered with instruments, told me that it was almost impossible to deliver the child because the instruments slipped. A similar case has occurred in my own practice, and I found the slipping of the forceps to be due to the fact that the fenestra of one blade caught over the chin of the child, and every time traction was made tipped up the head and brought the occipito-mental diameter directly across the pelvis above the superior strait. Of course, delivery in that position was impossible, but by placing my patient upon her side in such position as to bring the occipito-mental diameter into the axis of the pelvic canal, my patient was soon delivered without other help than the uterine contractions.

I was called to attend a patient for a brother practitioner who was temporarily out of town. I found the patient had been walking the floor for ten hours at the instance of nurse and friends, who insisted that it would help her along. I found the os uteri soft and dilatable, the pains strong and frequent, but no progress. Continuing the examination during a pain, I found that the child's head, instead of being forced into the pelvic canal, was being pressed back against the promontory of the sacrum. I placed her upon her back, pressed the body of the uterus upwards, and gave instructions that, with every pain, she was to press the abdominal tumor upwards and backwards. The child was born in considerably less than an hour.

Sometimes, as has already been indicated, it is necessary to deliver

patients upon the right side, sometimes upon the left, sometimes upon the back, and I have delivered women lying flat upon the abdomen. The one object to be attained is to bring the occipito-mental diameter of the child's head into the axis of the pelvic canal, with the occipital end in advance. To do this will often test the mechanical ingenuity of the accoucheur to the utmost, but if you gentlemen succeed in getting as much benefit to your patients from its use and as much relief to your own patience in your obstetrical practice as I have, it will well repay the effort necessary to make yourself familiar with the detail of its application. It is not a panacea for complicated labor, but the application of a simple principle of mechanics to the relief of suffering womanhood in her most trying hour, and applicable, in some of its modifications, to almost every case.

*THE PHYSIOLOGICAL TREATMENT OF PROLAPSED  
FUNIS.*

BY JOHN C. MORGAN, M.D., PHILADELPHIA, PA.

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GREAT and universal interest attaches, most justly, to this unfortunate accident of parturition. The instant and peculiar peril in which the life of the unborn child is thereby placed; the impending disappointment and sorrow of parents and friends; the compromise of professional reputation; the indifferent statistical encouragement; and, withal, the sense of inefficiency of the authorized measures and the difficulties met with in applying them, all these conspire to render this occurrence a scene of trial to the accoucheur.

A number of devices have been offered for the replacement and retention of the prolapsed cord above the presenting part which are found, on application, to be "more easily said than done." Meanwhile, compression of the umbilical vessels is progressing to the fatal issue. The application of forceps or podalic version, with coincident elevation of the cord and speedy delivery, may save the life, but if the head (or breech) be well engaged, the hindrances may be serious, as to version, and the forceps may not be at hand. The knee-chest position does wonders in facilitating many such procedures, but, after all, the fact remains that a simpler and better way is sometimes needed. To discover that way requires a study of the mechanism of the accident. Due account has already been taken of such particulars as the excessive length of the cord in some or all of the cases; of the sudden rupture of the bag of waters and the gush of its contents, especially in the standing posture; the previous subsidence of the cord into the lower segment of the membranes; the inertia of the uterus itself, which permits a displacement of this kind; and breech presentations. Little notice, however, seems to have been taken of the form of the pelvis itself other than its excessive roominess in some. In a word, the very details which are most carefully

studied as to the descent of the head, as a large and almost rigid body, seem to be thought irrelevant so far as the descent of the funis—a very soft and otherwise different body—is concerned. Even before rupture of the membranes, however, the same anatomical details are clearly operative in both cases. I now refer to, 1st, the slopes of the false pelvis; and, 2d, *the inclined planes of the true pelvis*. These are known to guide the vertex, or other presenting part of the child, into the cavity of the vagina. In like manner the cord is prolapsed. And here let me say that many other movements, natural and artificial, follow most freely a like route, namely, a *spiral* one. Thus, uterine displacement, at first lateral, becomes retroversion when complete. The removal of a retained placenta may further illustrate this, for by obedience to this indication the difficult dislodgment and removal often become easy. On former occasions I have invited the attention of the American Institute to other instances. The descent of the funis is necessarily directed in the same curves. The bony slopes and planes are cushioned with voluminous soft parts, and these are richly lubricated, forming a spiral funnel, into which the uterine contents empty themselves. The predominant direction of this spiral is seen in the great frequency of the left acetabular position of the vertex. Like *curves* are found in the folds of the rectum and of the urethra, as shown by the direction in which their contents are emitted, the effect of which every country school-boy, defecating by the roadside, can testify, and of which every anatomist and every surgeon should be fully aware. This may be called the “left spiral.” The contrary curves obtain, of course, in the second position of the vertex.

The great significance and importance of this mechanism of descent plainly appears in determining the conditions of successful *ascent*. Every one who has treated of it hitherto seems to have supposed that the shortest and straightest line from the vagina to the cavity of the uterus is the proper route for the return of a prolapsed funis. This is a distinctly false impression. An analogous error obtains in the introduction of the hard catheter and in the replacement of the retroverted uterus, of prolapsus ani, and of protruding hæmorrhoids; and all of these errors need a similar correction. The *tour de maître* manœuvre in the catheterization of the bladder is only an empirical application of the essential principle. The prostatic urethra is the test-point.

As to *prolapse of the umbilical cord*, the remedial physiological principle is this, namely, to perform a spiral movement upwards upon the *reverse* of the spiral or curved planes of descent. In an antero-vertex presentation, it need hardly be said, it will be difficult or impossible to move it forward; whereas, on the posterior inclined plane, and the adjacent iliac slopes, it will naturally tend upward.

The practical application of this physiological principle may best be given by reference to a *case in practice*.

Mrs. X., multipara, had been in labor for some time without adequate attendance. On my arrival I found the pains had ceased, but the liquor amnii had been discharged and the condition of the woman was comfortable. There was an entire absence of foetal motion. On examination per vaginam, I found the os completely dilated, and the funis hanging through it in a loop of about eight inches in length on the left side of the pelvis, the presentation being the left anterior of the vertex.

The cord was absolutely pulseless and abnormally cool and flabby. It was scarcely possible that life remained, but the duty to replace the prolapsed funis seemed plain, and the following procedure was carried out: Placing the woman's hips upon a high pillow, the first two fingers of my right hand were introduced into the vagina, taking advantage of a large opening to crowd them with part of my hand well up, and then applied, by their palmar surfaces, to the front of the loop.

This was now pushed firmly and steadily backwards and upwards, keeping the fingers always at the brim of the pelvis, and, on reaching the left sacro-iliac symphysis, sweeping them, with the cord still in advance, to the right symphysis, and thence forward, constantly pushing upward also. Quickly bringing the fingers again to the starting-point, the soft edge of the loop was found still at the pelvic brim. The movement was repeated,—backward, right, forward, and always upward,—the last trace of it disappearing above the brim and beyond the presenting part after several repetitions. At no time was there any baffling or movement to re-descend, but the continued manipulation brought on strong bearing-down pains, the head became well engaged, and thus the last chance of re-descent was removed. Labor was soon after terminated. As was expected, the life of the foetus was extinct. There is scarcely a doubt that an

early and prompt application of this physiological method of replacement of the prolapsed funis would have saved it. In case of need, the whole hand may be introduced into the vagina. A narrow os would require circular movements within the uterine orifice, pushing the cord as before. In case of hard pains, it should be protected *between* or beside the fingers.

#### DISCUSSION.

SHELDON LEAVITT, M.D.: I dislike to take any one else's place but at the same time I would like to say something on this subject. I have listened with a good deal of attention, and must say that there are some points in the paper which are new and quite instructive, but at the same time I must disagree with the author on a certain question, and that is upon the point which he emphasizes the most. With regard to the inclined planes of the pelvis as a matter to be considered in the restoration of the prolapsed funis, if I understand this matter in a clinical way, it shapes itself about like this: If we have a prolapsus of the funis, it takes place ordinarily before the head has descended through the superior strait into the pelvic cavity—before, in other words, the inclined planes of the pelvis become involved by the descending head. After the head fairly engages the superior strait, the time arrives when compression is most likely to begin, and serious compression for even a few minutes is fatal to the child. As soon as we discover descent of the cord it becomes our duty to restore the part. If we have been attentive to the case, we may have recognized the presence of the cord even before rupture of the membranes—even before, it may be, the head has begun to engage the superior strait. It is possible for us sometimes to feel the cord through the unruptured membrane; but even if we do not, even if the cord comes down without notice with rupture of the bag, that is the favorable time to restore it. If, on the other hand, the case has gone along, either through our negligence in recognizing it, or through failure of the friends to send for us in time to recognize it; in other words, if the head has descended with this cord already long prolapsed into the pelvic cavity, then, if we are going to make any efforts to restore that funis to the uterine cavity, we may and, indeed, should, take into consideration these inclined planes that Dr. Morgan has spoken of, but under no other circumstances. Yet, if the head has descended into the pelvic cavity, I believe that we should be much more likely to succeed with forceps delivery at once. We should not waste any time while that already pinched funis is crowded by the head in the pelvic cavity. We want to establish immediate delivery.

A word with regard to the means for restoring the funis under

favorable conditions. I believe that the hand is superior to anything we can use. If the head is not engaged completely in the superior strait, introduce the fingers into the uterine cavity—the whole hand if necessary—and carry the cord above the point of possible compression. Hitch it over some extremity or other part of the fœtus, so that it cannot again descend. If you cannot do this, then watch it with the fingers until the head has come down. If we once get the head down at the superior strait, we will do well to maintain it there by firm pressure over the abdomen, or the application of the forceps with a moderate degree of traction, that the funis may not be crowded down again into that unfavorable situation. If, however, descent has gone on, and the conditions are unfavorable for immediate extraction with forceps, we may think best to resort to some instrument to carry the funis out of the way of compression. Cases like the last are, I believe, exceedingly rare.

J. H. McCLELLAND, M.D.: A short time ago I was sent for by one of my colleagues to see a case of labor, and the message was, "Come as quick as you can." I went as quickly as I could and found the doctor sitting by the bedside, nearly worn out. He said he had been for nearly two hours trying to keep the funis up out of the pelvis, and every time he would get it up above the brim and take away his hand down it would come again with every pain. He said that this was the third time, I believe, this had happened with this woman, and that the first two children were dead. We took a good-sized piece of sponge, placing it against the cord, and crowded it up above the brim, keeping the fœtus crowded down by a hand on the abdomen. The next pain brought the head down, the funis remaining up and the child was delivered alive.

J. C. SANDERS, M.D.: The great difficulty in prolapsus of the cord is not so much the restoration of it as it is to keep it restored. How best to do this is the problem. The fact of restoration after having come down on the incline of these planes is not enough; it will just as easily come down a second time as the first. I very seriously question whether its restoration on the track of these planes will keep it replaced in the average number of cases. The suggestion of Dr. McClelland's has been my teaching for years. Dr. Guernsey used to advocate thrusting the cord through a sponge and making that, placed above the presenting part, hold the cord up, but if this becomes compressed the cord must be, and thereby the safety of the child become jeopardized. This sponge should follow and not embrace the cord, and the introduction of one sponge may not be enough; sometimes it requires two or even three. Touching the manipulation, where the cord had ceased to beat, what was the use of restoring it at all? For the child is surely already dead, and any art for its replacement would be meddlesome.

L. C. GROSVENOR, M.D.: Whoever sets us to thinking in earnest

does us a great service, even if we do not agree with him. Now I have enjoyed the discussions upon these papers from first to last, for I am interested in these matters. One of the speakers alluded to the "old ladies" as in the way. Now the aforesaid old ladies are an important factor in obstetrical practice and are a material element in our success. If you please the lady in confinement and use tact in handling the ladies in attendance, they will all be your fast friends and by their good words will constantly further your interests. Some time ago I was called in consultation in a case of labor by my young friend Dr. H. As I entered he greeted me pleasantly and said: "Professor, this case is all right and progressing normally. The thing that bothers me is I cannot manage so many women." I said: "We will see what a little *tact* will do." So I called one of the old ladies and asked her to go downstairs and get a piece of ice and break it up in pieces as large as a chestnut and put them in a saucer and when I wanted them I would speak from the head of the stairs and she could bring them up." To another lady I send: "You take this receiving blanket, please, and take it downstairs and get it thoroughly warm and when we are ready for it we will call you." To the third lady I gave a small powder and told her to put it in a teacup and add a teaspoonful of sugar and then fill the cup with boiling-water—*boiling*, remember, not warm water—and stir it thoroughly till it was cool enough to drink. This disposed of all the extra attendants, happily, for each thought she was rendering important service. Then, with the deck clear, Dr. H. took the chloroform and I the forceps and we soon had the lady safely delivered. Tact is an important element of success.

J. C. MORGAN, M.D.: "The inclined planes of the pelvis" is a phrase which does not express my purpose. I mean to include the slopes of the false pelvis above the brim which are involved in the beginning in these cases, especially the ilium and sacro-iliac symphysis, as well as the promontory of the sacrum. After moving the cord in the direction of these planes, let it be remembered that in the prolapsed it comes down below the presenting part, and the object is to keep it up and let this part come down beneath it. It is the slopes of the false pelvis above the brim over which I aim to sweep the cord. This done, it cannot easily come down again, for the head (or breech) will probably engage and keep it there. The cord can scarcely redescend if the plan be carried out in accordance with what I now explain. In the case mentioned, I was conscious of getting it well up above the side of the head before it began to fix itself. In Dr. McClelland's successful cases I have the conviction that, without thinking of it, he "wrought better than he knew;" instinctively following the spiral slopes, as I have indicated; the sponge serving the main purpose of projecting the action of his fingers high up in the pelvis.



## *MECHANISM OF LABOR.*

BY T. GRISWOLD COMSTOCK, M.D., ST. LOUIS, MO.

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*"Haec, dum incipeas, gravia sunt,  
Dumque ignores; ubi cognores facilia."*—

"That which is new and partially known may be difficult :—  
A better acquaintance may make it easy."

INTRODUCTION.—I beg the Congress to consider and appreciate the fact, that the task assigned me, is in point of magnitude and importance, wholly out of proportion to the space and time allotted to the present occasion.

Much, incident to the subject, must be omitted altogether, while such part as we may attempt to treat must receive but scant and insufficient attention.

Few subjects in the whole range of human experience are fraught with such tender, thrilling, and pathetic interest, as the fact that a newly-born babe has made its advent into the family circle. Both mother and child at once become objects of the deepest solicitude and tenderness; the interest widening and spreading beyond those specially interested to all who may come to a knowledge of the advent. Primarily, this feeling is matter of instinct, common to the entire animal creation. In the higher civilization of humanity, the quality of instinct is so largely supplemented as to become a matter of moral, social, and domestic interest and obligation.

In primitive states of life and the social conditions, the attempts at midwifery have doubtless been of a very elementary nature; consisting in some simple provision for the personal comfort of the mother; but with no idea of rendering assistance in the presence of accident or danger.

It is now matter of congratulation that from such primitive beginnings, progress in the obstetric art, has so far kept pace with

civilization, as to claim full equality with the highest phases of human progress in any of the departments of life.

**DEFINITION.**—We define labor to consist in that process, at full term, by which the child is extruded from the uterine cavity, through the vaginal canal into the outside world. This process may be normal or abnormal. The average duration of labor, in accordance with the experience of modern authorities, and calculated from a large number of cases, is from eight to ten hours. According to Denman and other old authorities, a labor completed, with safety to mother and child, within twenty-four hours, should be regarded as normal. A little less or even slightly greater length of time, with or without artificial assistance need not necessarily alter claim to normal classification.

**CAUSE OF LABOR.**—Much time and ingenuity have been expended from time to time in a solution of this question, without any very satisfactory result. For the present, we find it convenient to accept the occurrence of labor at the end of the 9th month (or 280 days), as an ultimate fact, precisely as we do many others in the great domain of physical activity; and for which we can offer no satisfactory explanation. For instance, labor and birth take place at the end of the 9th month, for the same probable reason, that growth subsequently ceases at the end of the 18th or 20th year, with a stature of 5 feet 8 inches, and a weight of 150 pounds. If born at the 4th month, the child would not be viable; if at the end of the 12th to the 18th month, the mother must have great personal discomfort and even peril, with a foetal volume utterly out of proportion to the diameters and capacity of the parturient canal. Now it would be quite as grotesque and unfit for the individual to grow and increase indefinitely beyond the 18th or 20th year of age. In short, facts are transpiring in chemistry, crystallography, and physiology, on all hands and every minute, for which we have neither adequate explanation nor comprehension. The best we can do is to recognize the operation of nature's wise, but to us inscrutable laws, conducing to beauty, harmony, and the fitness of things.

**PRESENTATION.**—Presentation has reference to the foetal part found presenting at the middle of the superior strait at the setting up of labor.

**POSITION.**—Position has reference to the attitude of the foetal ellipse in utero.

Until about the middle of the present century, the authorities recognized eight normal presentations, four of the vertex, and four of the pelvic extremity. At present the weight of authority is in favor of only four, the first, second, third, and fourth of the cephalic extremity; these being further designated as the left anterior oblique, the right anterior oblique, and right and left posterior oblique.

**FREQUENCY.**—Leishman says there are only two vertex presentations, the first and second, and of these the second is so infrequent as to constitute it the rare exception to the rule that the presentation will be of the first variety.

**STATISTICS OF CEPHALIC PRESENTATION.**—The elder Naegle affirms that ninety-nine per cent. of the vertex presentations will be of the first variety. The latest and best authorities, it should be noted, regard these views by Naegle and Leishman, as somewhat radical or exaggerated and not defensible. But after all due allowance, it would seem safe to affirm, that the separate and relative anatomy of the pelvis and the foetal head, with the obviously greater frequency of occurrence of the first presentation, all go to show that practically there is but one cephalic presentation; the others being simply exceptions to the rule in favor of the first.

**FIFTH AND SIXTH PRESENTATIONS OF THE VERTEX.**—Some authors designate a fifth and sixth vertex presentation; the occiput in the fifth pointing to the pubis, and in the sixth to the promontory of the sacrum. These presentations are probably primarily true, of any or all of the four vertex presentations, as the normal and convenient position of the foetal ellipse would seem to require; that is to say, until labor has fairly begun the foetal spine will look directly forwards or backwards, and not laterally or obliquely. But as the vertex fairly presents or enters the superior strait, these fifth and sixth positions are quickly converted into one of the other four varieties.

In the study of the mechanism of labor, it is difficult to keep entirely clear of the management of the same. Indeed, they have so many points in common as to make their consideration jointly, both convenient and a necessity.

**POSITION OF THE WOMAN.**—There is diversity of practice as to the position of the woman in labor; choice being between the left side and the dorsal decubitus; both authority and experience

being in favor the latter. A circumstance decidedly in favor of the dorsal position, is found in the fact that the woman in the second stage turns instinctively to the back position, whatever may have been the earliest position. During the first stage the largest latitude may be allowed as between sitting, standing, walking, or lying down. But during the second stage, method and constraint should be observed by the patient.

**EXAMINATION—DIAGNOSIS.**—In order to study the mechanism and watch the progress of labor intelligently, we should, as soon as labor shall have fairly begun, make careful examination so as to determine the foetal presentation. This we do by palpation, by abdominal exploration, and by digital examination per vaginam. The primary object in such examination will be to determine the foetal part presenting. Incidentally, we elicit information as to moisture or dryness, relaxation or rigidity, the progress of labor, and as to the capacity of the parturient canal to admit the passage of the presenting part.

**SOURCES OF POWER IN LABOR.**—In the first stage of labor power or agency is furnished by muscular action of the uterine body. In the second and third stages the diaphragm and abdominal muscles, with voluntary effort of the woman, are added to the uterine effort.

**CONDITIONS OF SUCCESS.**—The successful mechanism of labor with any presentation will depend upon conformity to the following conditions, to wit: The axis of the presenting part during descent, whether at the superior strait, in the pelvic cavity, or at the inferior strait, must conform to the axes of these points respectively. With this correspondence of foetal and pelvic axes there must be a certain succession of flexion, rotation, and extension; or, to present the subject tersely in accordance with authorities, we have, "first, flexion; second, first movement of descent; third, levelling or adjusting movement; fourth, rotation; fifth, second movement of descent and extension; sixth, external rotation." This synopsis does not quite sufficiently include one other condition of success, and that is conformity of the diameter of the presenting part to the longest diameters of the pelvic canal. In a normal case of labor, under the above conditions, the exactness and accuracy with which the whole mechanism and process are completed is most beautiful, and to the un-

initiated seems almost marvellous. A quaint old Irish practitioner attributed it to foetal instinct.

**CONDITIONS ADVERSE TO SUCCESS.**—We propose to mention three principal sources of hindrance and delay in the progress of labor: Inertia-uteri, mal-presentation, disproportion of parts concerned. Mal-presentation will receive special attention as we come to notice these separately. Inertia-uteri is that passive, inactive condition of the uterus which brings matters to a more or less complete stand-still according to the degree of such inaction. In many cases it is the result of a violent, protracted labor, a simple case of muscular exhaustion; in others, the cause is not apparent, as it may happen without any cause of exhaustion. Delay from a disproportion of parts, as between the size of the presenting part and the capacity of the parturient canal, is by no means infrequent.

**ERGOT.**—Formerly it was much the practice to treat inertia and even slight cases of impaction with heroic doses of Ergot. We regret to admit that such injurious and unscientific mode is not quite out of vogue even now, especially in the country and out-of-the-way places. Let the point be distinctly made that Ergot, in the first and second stages of labor, is inadmissible under any circumstance, for the important reason that hour-glass contraction, rupture of the uterus, and defective involution are likely to be the result.

**FORCEPS.**—I need hardly say to this intelligent body of medical men that the forceps is the remedy in the above class of cases. This instrument, in the hands of skilled experience, is the greatest boon to the parturient woman in trouble ever invented or provided for her relief. When those of us, now seignors, were young practitioners, we were gravely advised, when going to attend a case of labor, "*to leave the forceps at home for fear, by some misadventure, they might fall out of our pocket and slip into the vagina.*" Now, the prudent, provident obstetrice always has his obstetrical bag at hand, so as to be in immediate preparation for an emergency. Of course, the forceps will be largely applicable to cephalic presentation, but may be, in exceptional cases, useful in the hands of skill in breech presentations for delivery of the breech and subsequently the head.

**FORCEPS IN CONTROVERSY AS TO APPLICATION.**—Should the instrument be applied with reference to the foetal presentation, or with reference to the curves and direction of the parturient canal? On this point there is a difference of opinion, with a weight of

authority in favor of application without any reference to presentation. Under this rule, the child's presenting part may suffer temporary damage, which will be small and unimportant compared to the hurt to the mother if the contrary rule be observed.

**STAGES OF LABOR.**—The authorities make or recognize three stages of labor,—first, second, third. The first embraces the process or stage of dilatation during which the uterine muscles are brought into firm, close contact with the foetal ellipse, the cervix is obliterated, the os is dilated or becomes dilatable, the cervical lips become soft and thin, and are closely applied to the presenting part. If the waters be abundant, they bag and present externally to the os, especially during the pain. The pains during this stage are irregular as to time and force, are mainly confined to the back and loins, are of a sharp cutting character; in the language of the old authors called "*grinding pains*." The woman is noisy, restless, unhopeful; actually in despair. The termination of this stage is usually marked by the "breaking of the waters." In a dry labor, or with strong membranes, this may not occur until some way in the second stage; with a thin, weak membrane, it may occur early in the first stage. With a large child, or with twins, and with a large accumulation of waters, much advantage is gained at the proper time from a rupture of the membranes by the obstetrist if it does not occur spontaneously. The mechanical advantage gained is most marked as shown by the rapid setting up of the second stage and the progress made therein. During this stage the presenting part is simply at, but has not engaged the superior strait. How the muscular, uterine activity of this stage should result in dilatation of the os, is not quite apparent, but seems to be in harmony with the fact that sphincters relax and open an outlet at a time when muscular activity and contraction of neighboring and associate parts is in greatest activity, as in the case of the rectum and bladder.

**SECOND STAGE OF LABOR.**—At the setting up of this stage (second), marked changes take place. The pains come to the front, become more regular as to time and force, are expulsive, are less painful; woman renders voluntary effort; is more hopeful, and becomes obedient to advice. The presenting part quickly engages the superior strait, and enters on the series of motions in flexion, rotation, descent, extension, and restitution; and so completes the de-

livery of the presenting part, to be followed quickly, in normal cases, by the entire birth or expulsion of the fœtus.

**THIRD STAGE OF LABOR.**—The third stage of labor includes the expulsion of the placenta and membranes, the clots of blood, and with the suitable contraction of the uterus. Occasionally this stage is anticipated by the simultaneous expulsion of the fœtus and placenta with unruptured membranes, "waters" and all. Such peremptory haste is undesirable, as being likely to result in violence, laceration of the soft parts, and hæmorrhage from the uterus. At the conclusion of the second and the setting up of the third stage, care should be taken to see that the cord is not coiled about the body, and especially the neck, which will be found to happen in twenty to twenty-five per cent. of labors. The nurse should always be instructed to remedy this accident should the birth take place in the absence of the medical attendant.

**THE PERINÆUM.**—The perineal body should always be the object of attention and solicitude on the part of the physician, as it receives the brunt of violence and pressure at the conclusion of the second stage of labor. It is liable to various degrees of laceration, from a slight "nicking" to a laceration into the rectum and anus. Very few cases of primipara escape at least the slighter form of injury. Formerly we were advised to make pressure upward and forward to prevent accident. It is doubtful if experience has justified the advice. In cases of a threatening character strong pressure should be made against the entire vulva with folds of flannel dipped in hot water and oil, and in the absence of a pain lard may be pushed into the vagina. This last, experience proves, will materially aid the exit of the head. Pressure in this way may delay expulsion of the presenting part until the parts shall have had time to soften and dilate. The woman, in the meanwhile, should be instructed to cease voluntary effort. A thick, unyielding perinæum is at times a source of delay and trouble.

**EPISIOTOMY.**—In cases of imminent peril from the risk of perineal laceration it has been my practice for many years to make lateral incisions (episiotomy) in the vulvar ring, to relieve the strain upon the perineum, with suitable antiseptic precautions. These incisions heal readily, usually without suturing, and are certainly a vast improvement upon a badly-lacerated perinæum. This operation of episiotomy seems to be little known or practiced in this country, but in the cele-

brated clinics of Vienna and Würzburg, in Germany, as we have seen, it is quite the mode in needful cases.

**INSPECTION OF THE VULVA AFTER DELIVERY.**—In every case, after delivery, careful ocular inspection should be made to ascertain if any damage has been sustained, in order that immediate treatment for repair may be adopted. Slight cases of laceration, under cleanliness and the local use of fluid extract of *Calendula*, the Boro-glycerides, or Creolin, usually make good recoveries by the end of the puerperal month. More extensive lacerations should be sutured at once, and this should never be neglected.\*

**CEPHALIC PRESENTATIONS.**—As we have before said, incidentally, there are four varieties of the cephalic or vertex presentations, numbered in the order of probable frequency, first, second, third, fourth; also designated as the left occipito-anterior, the right occipito-anterior, the right occipito-posterior, and the left occipito-posterior. In each of these the presentation is oblique with reference to the antero-posterior and the lateral diameters of the pelvis. The precise relative frequency of these presentations is a matter in controversy between good authorities. As before stated, Naegle affirms that ninety-nine per cent. will be of the first variety.

**FIRST CEPHALIC PRESENTATION.**—Leishman states that there are only two varieties, first and second, and that the second is so rare as to constitute an exception to the rule that the presentation will be of the first variety. While experience is largely in favor of these views, many good authorities accept them *cum grano salis*. A correct knowledge as to relative frequency helps much as a start in recognition of the particular presentation in a given case. With this in view, if, upon vaginal examination, we detect two soft spots with an intervening hard or firm space, pointing to the left and just beyond the hard ovoid occiput, with the face presenting towards the right sacro-iliac articulation, we have to a certainty the first cephalic presentation. This recognition is always matter of much happiness

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\* For the past two years I have used in obstetrical practice Creolin, and I think it is quite as efficient as Corrosive sublimate, and far safer. It may be used in all cases where Carbolic acid or sublimate has been found indicated, in the proportion of one teaspoonful to a pint of water. It is excellent for rendering the hands or instruments aseptic, and is suitable for vaginal or uterine injections, or for an application for pads or napkins, such as may be required by the puerpera in cases of threatening sepsis.—T. G. C.



to the obstetrist; for with favorable surroundings as to condition of soft parts and suitable pelvic capacity, he rationally reaches a favorable prognosis, and is thus prepared to encourage his patient and her friends. Until the conclusion of the first stage, presentation and the cephalic and pelvic diameters need not enter into a consideration of the mechanism of labor. At the conclusion of the first stage the vertex quickly engages the superior strait and enters upon the succession of flexion, descent, rotation, extension, and restitution, already indicated. Just before extension the brow and chin sweep over the perinæum, immediately after which the occiput passes beneath the pubic arch and, by a second act of rotation or restitution, is placed against the inner side of the woman's left thigh. Usually, at this point, there is, as it were, a short resting spell. After the expulsion of the head the second or third pain forces the right shoulder over the perinæum, and immediately the left one emerges beneath the pubic arch, when the labor is practically completed so far as the second stage is concerned. The third stage is simple enough, and may be safely left to spontaneous motion, in the absence of any indication as to placental adhesion or uterine hæmorrhage, upon the condition that the process be completed within thirty to sixty minutes.

**SECOND CEPHALIC PRESENTATION.**—The mechanism and motions in the second cephalic presentation are precise duplicates of the first, with the exception that the occipital vertex points to the right acetabulum and the act of restitution brings the occiput to the inner side of the woman's right thigh and the right shoulder passes over the perinæum and the left beneath the pubic arch.

**THIRD CEPHALIC PRESENTATION.**—In the third or right occipito-posterior position the occiput points to the right sacro-iliac articulation with the face looking to the left acetabulum.

**FOURTH CEPHALIC PRESENTATION.**—The fourth position is precisely the reverse of the third as to presenting parts. The same rule in these two presentations obtains as to flexion, descent, rotation, extension, and restitution as the first and second positions. Indeed, it is now held by high authorities that, by an extreme act of rotation at the inferior strait, these two positions are converted into the first or second, the face passing over the perinæum and the occiput beneath the pubic arch. In the event of a failure to so convert these positions practically into the first or second, there is a risk that the occiput may pass into the concavity of the sacrum with premature ex-

tension, and so furnish what has come to be recognized as the occipito-posterior position, and one of the most dangerous, difficult, unwelcome occurrences that can happen to patient and practitioner. The serious importance of this vicious position does not seem to have been recognized by the older authors, and even now is somewhat called in question. There is no longer any doubt as to its reality and its serious nature among practitioners who have thoroughly studied the subject, and especially among those who have had some adverse experience with such cases.

The reason why we have so much trouble in this position is that it is the exact reverse of the normal position, and much more space is required for the exit of the foetal head, because it has to travel about *three times* the distance that it would in an occipito-anterior position; the head, during its passage, is subjected to more friction, the dorsum of the child lies backwards, and as all the forces of the uterus are directed posteriorly, a large amount of force is lost, as with every contraction the foetal head is pressed into the hollow of the sacrum, and in order to get out of this cavity and reach the posterior margin of the vulva it must continuously work in an UP-GRADE direction. The general management of such a position is to favor flexion of the head so that normal rotation may result; and in the early stage, if the diagnosis is made before the membranes have been ruptured, it has been advised to "place the woman under ether and rectify the position."\*

Dr. Parvin in summing up the treatment, says: "Resist the descent of the forehead, letting the occiput alone, is the simplest, safest, surest, manual means of effecting anterior rotation."

Some practitioners have advised that trial should be made with the vectis to rotate the head, or to adjust the forceps and attempt to make rotation, and then extract the head. We have found by experience this advice impracticable, and it is superfluous to add, that any such attempts should never be made except by a most skillful obstetrist. We have known such manipulations to do harm.

When the head in this position is greatly distending the perinæum and yet cannot pass, chloroform should be given, and the straight forceps be applied, and if possible, the labor be thus terminated.

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\* Prof. Algernon Temple, of Trinity College, Toronto; *Transactions of the Ninth International Medical Congress*, vol. ii., p. 498.

In some cases this succeeds, and a living child may be extracted. When however, delivery cannot be effected by any means in our power, it is for the practitioner to decide whether he will try and save two lives by making the Cæsarean section, or sacrifice the life of the child by resorting to craniotomy in order to quickly terminate the labor.

In four cases to which I have been called in consultation, three of the children were lost. The mothers were all saved, but in the main had slow recoveries from the delay and exhaustion incident to the difficulty. Some account of my experience with such cases, may be found in the *Chicago Clinique* for January, 1889.

**BREECH OR PELVIC PRESENTATIONS.**—Breech or pelvic presentations rank next in point of frequency to the cephalic or vertex presentations. The authorities recognize four varieties, numbered first, second, third, fourth, the left sacro-anterior, the right sacro-anterior, the right sacro-posterior, the left sacro-posterior. In this classification and nomenclature, the foetal sacrum is made to play the part of the foetal occiput in the cephalic presentation.

**KNEE AND FOOTLING PRESENTATIONS.**—Knee and footling cases are usually included under the head of breech cases as being mere modifications of the same.

**FREQUENCY OF BREECH PRESENTATIONS.**—Breech presentations according to Churchill, occur once in 52 labors, according to Ramsbotham once in 38.8 labors. Footling cases once in 92 labors. Knee presentations are exceedingly rare. Madam La Chapelle met but one knee presentation in upwards of 3000 cases.

**PROGNOSIS.**—To the mother breech presentations seem to bring no other trouble than tedium in the first stage of labor. It will readily be perceived that the abrupt, truncated pelvic extremity is less favorable for descent and dilatation, than the cone-shaped vertex. The peril to the child is serious. The umbilical cord is subjected to such pressure as may asphyxiate the child. There may be much delay and difficulty in the delivery of the after-coming head. Should the placenta become detached and the head remain undelivered, death comes from want of respiration.

**DIAGNOSIS.**—A frequent source of perplexity and doubt is, to recognize the presentation, especially if the vagina be long, and the presenting part high up, at or above the pelvic brim. Abdominal palpation and exploration may enable us to find the hard ovoid head

at the fundus of the uterus. Then by vaginal examination we should soon be able to detect the anus, the genitals, the ischial tuberosities, the spine of the sacrum. Occasionally we may have the diagnosis further confirmed by a portion of meconium on the finger employed in the examination.

**MECHANISM MANAGEMENT.**—It would be difficult to study mechanism and management in this presentation separately. We shall therefore proceed to study them jointly. The first stage and much of the forepart of the second stage should be left undisturbed to nature's efforts. The membranes *should be left intact as long as possible*, or until the presenting breech is well nigh the pelvic floor. If the presentation be of the first variety, the right hip passes over the perinæum first, and the left passes under the pubic arch immediately afterwards. The expelled breech should be gently supported and slightly elevated by the hand of the attendant. If the pains be vigorous one or two at most will expel the trunk. The umbilical cord, if under pressure, should be drawn to the safest point against pressure. At this point young practitioners, and sometimes older ones, make the serious mistake of traction on the trunk in order to expedite a delivery of the head. Such indiscreet course will almost surely flex the occiput upon the nape of the neck, attended by extension of the chin from the sternum. The probability of such a plight of matters will be increased by traction between pains. Should we be able to find the chin properly flexed upon the sternum, with a finger in the mouth so as to maintain the flexion, we may during the pains, if there be serious delay, make cautious experimental tractions on the foetal trunk. During such tractions the trunk should be lifted slightly upwards and forwards. The attendant, with the finger of the left hand in the mouth to keep the chin flexed, should make strong pressure with the thumb and forefinger of the right hand on the occiput, so as to help maintain flexion of the chin. In the meanwhile an assistant should, during each pain and traction, make firm pressure on the hypogastrium from above downwards.

**FORCEPS FOR THE AFTER-COMING HEAD.**—Should these combined modes fail in delivery, we may try the forceps. It must be confessed, however, that the instrument here does not serve us with quite the same uniformity as in cephalic presentations.

**CRANIOTOMY.**—In desperate cases if we fail to extract the head,

especially where we can be sure of the child's death, craniotomy may be a necessity.

**FORCEPS FOR BREECH IMPACTION, OR DELAY FROM INERTIA.**—Should there be serious delay of the breech in the lower strait, the forceps may be useful. Such delay may be from impaction or inertia uteri. The axis-traction forceps of Tarnier, or a breech forceps specially constructed for the purpose, should be used, the blades of which should be long enough to reach above the foetal iliac.

**FILLET, FINGER, BLUNT HOOK.**—A fillet or a finger, or the blunt hook in the grain, may each be serviceable in difficult cases; the blunt hook being open to objection, as liable to do injury to the parts unless very gently and cautiously used. After delivery in cases that have required much manipulation and management, the bones of the extremities should be carefully inspected, as fractures of these parts are possible.

**SHOULDER PRESENTATION.**—Under the head of shoulder presentations it will be convenient to treat and include arm, hand, elbow and "cross presentations." A strictly cross or transverse presentation is not probable or feasible. The trunk at or just before the setting up of labor action may be found in the uterus above the os; but as soon as uterine contraction begins the cephalic extremity will tilt into the iliac fossa, and the long trunk diameter assumes an oblique position between the transverse and perpendicular uterine diameters. Should the hand, arm or elbow present, these are merely phases or modifications which is practically the view, or conditions of such cases to be recognized and treated. It is of the very first importance that such recognition should take place at the earliest possible moment, as upon this will largely depend a successful management. Under ignorance and incompetency this opportunity will usually be lost. Such is the difficulty of an early diagnosis, in some cases, that skill and experience may be entrapped into an unfortunate delay.

**FREQUENCY AND PROGNOSIS.**—The average of authorities and experience give a frequency of about one case in 250 labors, with a mortality of one woman in ten labors and a loss of one-half the infants.

**DIVISION.**—There are two great divisions of shoulder presentations: In one the back of the child looks to the abdomen of the

mother; in the other the back of the child is turned towards the spine of the mother. Each of these is divided into two subsidiary classes, according as the head is placed in the right or left iliac fossa. It will readily be perceived that exact recognition of the points must be of capital importance, as guides, in any effort at rectification and management of the vicious position. If we decide to manipulate the head, we should know where to find it; if with the pelvic and feet extremities, we should be advised likewise.

**DIAGNOSIS.**—Diagnosis, when the parts are all high up or above the superior strait, will for a time be difficult. Information at first will be negative, as to the absence of the head, the breech, the face. Pretty soon we come to recognize a hand, an elbow, the firm ovoid shoulder, the spine of the scapula, the clavicle, with a peculiar elongated bagging of the membranes and water, which, by the way, is more or less true of all the abnormal presentations. We should be especially tender and cautious with the membranes, so as to preserve them intact as long as possible, as efforts of rectification and management may be greatly embarrassed by a premature rupture and consequent discharge.

**CAUSES.**—A small child, large uterine cavity, large quantity of the amniotic liquor, irregular spastic uterine action, with foetal conformation, are set down as probably cause or causes of this presentation. Indeed, it is highly probable that such an untoward plight of matters contributes largely to all the abnormal presentations. A uterine cavity with just capacity to contain the foetal ellipse snugly, with normal foetal development, and vigorous action may be safely looked to as a safe guarantee against abnormal presentation of any kind.

**MANAGEMENT.**—There are two remarkable modes of termination which sometimes happen in shoulder presentations.

**SPONTANEOUS CHANGE OF POSITION.**—"Spontaneous Version," "Spontaneous Evolution." The first is much more probable than the second. In spontaneous version, the movement converts the case into a cephalic or a pelvic presentation. In "spontaneous evolution" the foetus is forced through the parturient canal without change of presentation. This result could only happen with a large, roomy pelvis and a womb acting violently on a small child. This mode of termination will most likely result in the death of the child, and laceration and much contusion of the external soft parts of the mother.

The term "treatment" is scarcely applicable to the presentation. The word management is the better one. We should first attempt rectification by external abdominal manipulation and palpation in connection with effort through the vagina, with the hope and purpose of converting the case into a cephalic or pelvic presentation; in which, if we succeed, we are happily out of trouble, as the further management will be simple enough. Failing in such purpose, we pass the hand into the uterine cavity in search of a foot, with a view to bringing down the pelvic foetal extremity. All the qualities of gentleness, prudence and perseverance will be needed in this attempt, as requisites to success and for the safety of mother and child. If the uterus be acting vigorously, the hand will only be introduced under perseverance and with much difficulty, especially if there be a hand and arm down in the way. An anæsthetic or an anodyne, by temporarily arresting uterine action, may be of much service under serious difficulty.

As a last resort we should hold in reservation evisceration or the Cæsarean operation.

**FACE PRESENTATIONS.**—The best authorities pretty generally concur that face presentations are simple normal vertex cases converted into this abnormal state by extension of the chin and flexion of the occiput upon the nape of the neck. There are four of them corresponding to the four of the vertex. The authorities are not quite agreed among themselves as to frequency. The average probable frequency is about one case in 250 labors, being about the same as in shoulder presentations. British practitioners give one case in 250 labors; some of them one case in 490 labors; the Germans one in 169 labors. The British practitioners explain the difference in the fact that the Continental physicians observe the dorsal decubitus in labor, while the English practice the side position of the woman. We doubt the correctness of the explanation.\*

**CAUSE.**—Doubtless the cause of this mal-presentation is much the same as in shoulder cases and other abnormal presentations, to wit, large uterine cavity, much liquor amnii, small child, spasmodic, irregular or imperfect uterine contractions. We do not call to mind statistics bearing on the point, but venture to affirm that a face presentation will occur more frequently in multipara than in primi-

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\* Want of accuracy in statistics is a more probable explanation.

para cases, for the reason that the uterine wall keeps closer company with the fetal ellipse in the latter than in the former.

**DIAGNOSIS.**—Under a vaginal examination, we detect a softish surface, generally and ultimately the chin, the mouth, the alveolar process of the nose, the brow pointing to one of the four cardinal points of the vertex: the first, mento-dextra posterior; second, mento-lævo posterior; third, mento-lævo anterior; fourth, mento-dextra anterior. Before the time of Madam La Chapelle it was considered impossible to deliver these cases without artificial help. Now the advice is to let them take care of themselves precisely as in vertex cases, so long as matters seem to progress favorably. Of course, the fetal diameters presenting are less favorable than in vertex cases and labor may be correspondingly slower, bringing distress to the mother and more or less peril to the child from delay and the violent uterine pressure necessary for its expulsion. In cases requiring assistance efforts may be made by abdominal manipulation simultaneously with a concurrent effort through the vagina to rectify the presentation. As a last resort it may be necessary to perform version and so deliver by the breech. Forceps may be made useful in skillful hands. In desperate cases craniotomy may be necessary. The length of the occipito-mental diameter, with tardy or embarrassed rotation at the proper time, is the source of delay and difficulty.

**ANÆSTHETICS.**—I beg permission to close this paper with a brief allusion to agents that have brought a most helpful and comfortable experience to both the obstetrice and his client. I refer to anæsthetics. In the early days of their discovery, like all other novelties of seeming value and importance, their use was in many cases unnecessary and in others very hurtful. Even now, after forty years of practical experience, it is to be feared that we are not at all times fairly within the lines of a conservative prudence in their use.

**NON-USE IN FIRST STAGE OF LABOR.**—With very rare exception, they should never be used in the first stage of labor. Such early use, while being unnecessary, if kept up to the conclusion of labor, will result in much nervous and gastric disorder and in death from malæna, as I have seen in one case. To many persons their use is most congenial and comfortable; in other cases we have found that they seemed apparently to arrest the pains at any stage of labor and had to be discontinued altogether. In the main, their use



should be confined to that part of the second stage when the presenting part begins to press upon the maternal soft parts. The choice between chloroform and sulphuric ether is still a matter *sub judice*. A matter of paramount importance is the selection of a subject whose pulmonary and cardiac conditions may render any anæsthetic admissible.

ADDENDA NOTES.—I cannot close this imperfect sketch of the mechanism of labor without mentioning a little matter of practical importance. I never attend a case of labor without arranging beforehand that the patient shall be provided with an "accouchment sheet," made of what is now called patent wood wool. I do this not only to insure that the confinement bed shall be clean, soft and comfortable, but especially that it shall be *aseptic*. This accouchment sheet is about the thickness of two comforters, is soft and is antiseptically prepared (by corrosive sublimate), is porous and readily absorbs all the discharges, and is withal inexpensive. When the delivery is accomplished it may be removed and burned, and the parturient has then a clean mattress and all risk of sepsis or puerperal fever is greatly lessened. Before this wood-wool was within reach of the profession, it was always my custom to have the confinement bed covered with tarred paper. The use of this wood-wool is free from all odor, and it is decidedly a desideratum to the profession.

ESSAYS  
ON  
MATERIA MEDICA AND PHARMACY,  
WITH  
DISCUSSIONS.



*THE DEMANDS OF MODERN SCIENCE IN THE WORK  
OF DRUG-PROVING.*

A RÉSUMÉ.

BY C. WESSELHCEFT, M.D., BOSTON, MASS.

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THE subject embraced in this title is of so wide a range that the space devoted to it on this occasion will hardly suffice to render it intelligible, especially to those, yet in the majority, who deem our school of medicine to be established on a complete basis, and the superstructure perfect enough to outlast all present and future needs. To a minority who have more carefully followed the history of medicine in general, and more especially that of homœopathy, such views appear unsound and of threatening import.

Influenced by this conviction, voices have not been wanting in pointing the way to strengthen both foundation and superstructure.

In order to lay before you a synopsis of that which has already been done, and to point out future needs, it is proper to advert briefly to certain principles which serve both as a foundation for the development of the *materia medica*, and as a means of perfecting the same, in order that it may be available as one of the branches of therapeutics, relating to drugs as medicines proper. Hence a brief allusion is necessary to the work in this direction of the founder of this, our school. While acknowledging the various beginnings in the early ages of medicine tending to discover the action of drugs upon the healthy human organism, Hahnemann found the *materia medica* of his day in a state of wild confusion, containing little positive knowledge, but a profusion of theoretical lore in which error and truth were blended in a manner so inextricable that he readily drew the inference that errors and ignorance in the administration of drugs must necessarily endanger life instead of saving it.

One of Hahnemann's most masterly essays on this subject forms the introduction to the third volume of his *Materia Medica Pura*.

The next great step following the discovery and elucidation of the law of similars was the demonstration of the necessity of testing drugs upon the healthy human organism.

In order to demonstrate the consistency of the following course of developments and reasoning, and to observe intelligently the changes which have been proposed since Hahnemann's time, a synopsis of the various precautions in regard to the proving of drugs is requisite. In paragraphs 120 to 144 of the fifth edition of the *Organon*, we find "scrupulous accuracy" in the pursuit of proving insisted upon in emphatic language, life and death depending upon the accuracy of the test. While in paragraph 121 it is advised to use medicines of milder power in considerable doses, we find that in subsequent paragraphs the thirtieth potency is recommended; but this recommendation is again modified by directing that provers should begin with small doses, gradually to be increased day by day, and that while sometimes one strong dose is sufficient, at other times increased doses should be used.

Only genuine, simple, unmixed drugs were to be employed, mental and bodily fatigue avoided during proving, and the conditions varied by change of posture, etc.

Hahnemann believed that drugs are capable of producing different effects upon different individuals, and varying effects at different times from the same drug upon successive trials. He also maintained that a proving is not complete until all provers, after repeated trials, "*cease to perceive new symptoms, and until they begin to observe upon themselves mostly symptoms like those already experienced by others.*" Furthermore, that symptoms thus observed come only from the drug, "*for symptoms do not come of themselves, but are due to the drug.*" (§ 138.)

Records should be noted in writing, and the reports examined daily in the presence of provers, who should be questioned about the exact form of every symptom, for a materia medica should be "free from every supposition, every mere assertion or fiction."

In order to dispel any supposition that the following critical remarks are the result of caprice, let it be considered that Hahnemann's postulate of scrupulous accuracy and the avoidance of supposition and fiction are the very points aimed at in an endeavor to demonstrate that the differences of effect which Hahnemann accepts as natural causes of drug action may be explained by the inaccuracy

of his peculiar method, though his principle was faultless; and consistently with the views here set forth, most of you will agree to omit symptoms varying too much and to retain those observed by provers in common, thus reversing Hahnemann's proposition.

For the greater portion of the last century, during which our school has existed, its votaries were content to accept the simple methods and their results as given by Hahnemann and many others since his time, without deviating in the least from the trodden path, and without questioning whither it might ultimately lead. Whether the original methods were perfect or whether they needed improvement was rarely considered, or, if considered, it met with feeble response; and it is no exaggeration to assert that homœopathy can show no progress in its methods of drug-proving, its pharmacy, and its methods of administering drugs beyond that which was left us as a legacy by the founder. Such stagnation existed and still exists, notwithstanding the earnest assurance of the master that his was to be considered merely as a beginning of a method which needed greater perfection by those who should come after him.

Nevertheless, voices have been heard, not without effect, from the beginning, but more emphatically as time advanced, pleading for greater accuracy in methods of proving, especially in the methods of recording the results of provings; and it is to these critical views of some of our most prominent writers that I would call your attention, that later on they may be compared with more recent propositions.

If we turn back about forty years in the examination of our literature, one of the most prominent works we encounter is Dr. R. E. Dudgeon's *Lectures on the Theory and Practice of Homœopathy* (Henry Turner, London, 1854). Without allowing ourselves to be diverted by the wealth therein contained, and by turning at once to the author's views on proving (Lecture VII.), we shall discover some unequivocal objections to the methods then in vogue. Briefly stated, these are directed against unnecessarily high dilutions; furthermore, against the injunction of Hahnemann to record everything a prover notices after taking a drug, even if he has observed the same symptom before proving. This author also condemns the habit into which rash and over-zealous provers fell, of testing inert and absurd, or filthy substances. While commenting on the very elaborate provings of the famous Society of Vienna Physicians, Dr. Dudgeon at that

time seems to deplore the arbitrary manner in which the reporters of provings "recorded only such symptoms as were common to all or most of the experimenters." Among the authors whom Dr. Dudgeon quotes, Dr. Schrön proposes to designate those symptoms of the first class which appeared in *all* provers—an expression denoting progress in the views of physicians which Dr. Dudgeon would now probably approve of, as he then approved of Dr. Watzke's utterance that Hahnemann's work must not be considered perfect, but that it required reform, which he proposed to inaugurate by extensive re-proving.

In pursuing our studies of the historical progress in attempts to improve upon older methods, it is noticeable that the chief obstacles encountered by individuals, as well as by societies of provers, were the enormous difficulties of a task which seems so easy, and, although it is not expressed in very direct language, it is not difficult to read between the lines of provers' reports that the want of congruity and concordance of results has a decidedly deterrent effect, occasioned by the criticisms such reports occasionally met with.

Notwithstanding such difficulties, new provers were not wanting, while the old methods were adhered to. The mass of symptoms recorded grew more voluminous from year to year, requiring conscientious compilers. None were more industrious than Dr. C. Hering, of Philadelphia, who, as some of the older physicians will remember, as early as 1858 was indefatigable in exhibiting and explaining his collection of material for a complete compilation of provers' records which he hoped to publish—a work which increasing years compelled that most industrious of workers to pass into younger hands. The result was Dr. T. F. Allen's *Encyclopædia*, begun in 1874, and finished in 1879.

It was this great and remarkable work which first gave us a wider view of drug-proving as conducted hitherto, and its author was the first to profit by the wealth of information he had compiled, and the opportunity it afforded him of recognizing many great errors in the methods of proving and the means of their correction. Soon after the publication of the *Encyclopædia*, Dr. Allen published a series of revised provings.\*

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\* "Kali bichromaticum and Nux vomica Revised, Expurgated and Condensed." No date.

"Critical Examinations of our *Materia Medica*" (containing a number of revised provings). No date.

In the introduction to the "Critical Examination," as well as in the *North American Journal of Homœopathy* (March, 1889), we find Dr. Allen's views clearly expressed concerning the dominant errors in the methods of proving and of recording results. Here he proposes to judge of a proving by a study of its own inherent character as well as by comparison with other provings. The errors to which Dr. Allen justly takes exception are that too frequently, no account is furnished of the methods of the prover. Again, he points to the absence of statement as to the order of evolution of symptoms. Thirdly, to the fact that, symptoms obtained from different individuals are separated and rearranged in compilations, etc. Symptoms observed in patients should be omitted.

Without a pause, let us see what Dr. Carroll Dunham\* held to be the most important principles in the art of proving.

After a series of interesting prefatory remarks on the varieties of drug-action in proving, and a lengthy argument against Dr. Hempel's minority report in opposition to the majority report commending that provings be begun with high potencies, Dr. Dunham's opinion can easily be gathered from the tersely-expressed final clause of his article: "The greatest care should be exercised in verifying symptoms by *repeated experiments* in order that 'imaginary' symptoms on the one hand, and clinical and mechanical symptoms on the other, may be excluded. The fashion, which has become very prevalent of late, of including in the pathogenesis every sensation which occurs during the proving, without distinction or verification,—and which may be called the pre-Raphælite method of proving,—cannot be too strongly rebuked."

The salient points of the recommendations of the various authors quoted here may not at first be apparent, but will readily become so later on. Till then, let us examine the opinions of some other very influential and earnest writers, of whom, taken in chronological order, Dr. Hughes first presents himself. He pleads† strongly for the purification of the *materia medica* by careful and repeated examination of the sources of the common *materia medica*, pointing out that by such research many inconsistencies would be discovered and the reliable material separated from the unreliable. Like most

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\* *Homœopathy: the Science of Therapeutics*. Francis Hart. New York, 1877.

† *The Knowledge of the Physician*. Otis Clapp & Son. Boston, 1884.



other writers, Dr. Hughes considers as some of the chief sources of error the admission of clinical symptoms into our *materia medica*, and, next to these, "the provings of attenuations carried to unimaginable limits," this habit again leading to "deliberate vitiation" of the *materia medica*. . . . The result is, as Dr. Hughes unhesitatingly declares, "that our *materia medica* is an Augean stable almost as foul as was the common *materia medica* when Hahnemann exposed its condition."

Next to Dr. Hughes, Dr. J. P. Dake is no less emphatic in his recommendations regarding the classifications of drug-effects. On this important subject he admonishes us\* that "it is of the utmost importance that those common to the largest number of provers should be distinguished from those which have been reported by one or two only. . . . While the numerical method may not be essential in all cases, its value in this connection cannot be questioned. Without it, there is constant danger of mistaking fancies for facts. . . . What must be had, then, is a knowledge of the uniform effects of drugs, singular as to the drug, but general as to the subjects of its influence. . . . Any showing short of this will not meet the demands of the homœopathic law." The author then proceeds to furnish more precise rules by which he hopes to attain to greater reliability of results; but the demand to which he attaches most importance, and for which he has so eloquently pleaded for years, is a Provers' Institute, presided over by a faculty whose duty it shall be to control provers, collected for their better supervision, in one locality. The supervision of provers by a competent body of directors, all working and living together, would be a consummation of our highest hopes, and is being realized, in part, at least, in our colleges, which are establishing physiological and biological laboratories.

In the brevity of time and the pressure of professional work hampering me at every turn in doing justice to this subject, I have not been able to search foreign literature sufficiently, or else I would undoubtedly have been able to collect much valuable information in French, German, and other foreign periodicals bearing upon this subject. Such research I regret to be obliged to defer to some time, I hope, in the near future.

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\* *Therapeutic Methods.* Otis Clapp & Son. Boston, 1886.

Reviewing again, Hahnemann's definitions and rules of drug-proving, and comparing them with those of his followers up to the present time, it becomes evident that while all agree that the only way to arrive at a trustworthy knowledge of drugs is to test them for their effects upon the living organism, there may be noticed, from the inception that a doubtful tone runs through the arguments and suggestions concerning the best methods of arriving at reliable results, and each writer vies with the other in laying stress on the safeguards to secure the desired end. These safeguards are to lose nothing of what a drug may produce, by beginning a proving with lower or weaker attenuations, and gradually proceeding to the test of stronger doses—the provers to be examined by experienced physicians in order to avoid false statements, errors, and imaginary symptoms. Nowhere has it ever been demonstrated that errors could be or have been avoided in that way. If a prover has once put his observations on record, who should say what was imaginary, invented, or not the result of what he had been testing? Let the cross-examination be ever so strict, it might easily induce the witness to change his statement without thereby furnishing any better evidence that he had been stating the truth, *i.e.*, drug-effect.

Hence, we observe that those who have considered the best methods of proving drugs have sometimes added precautions which, if rightly interpreted, would have led to different and probably better results. Thus we see that the Vienna Provers' Committee advocated the importance of retaining only those effects which were common to all provers, a proposition which Dr. Dudgeon at that time deplored.

Dr. Dunham, on the other hand, proposes, in his fifth rule, that the greatest care should be exercised by verifying symptoms by repeated experiments, which is actually a corroboration of the proposition of the Vienna Committee.

Dr. Dake, treating the subject in the most liberal spirit, strongly recommends agreement between the largest number of provers, without, however, throwing aside the results of those who do not agree, by placing each in a separate category.

Still, these admonitions have never been heeded until very recently, because, for a hundred years, the force of authority was more potent than personal conviction. So great was the influence of authority that the necessity for re-proving was not sufficiently rec-

ognized, and all were held enthralled by one authoritative spell contained in one radical error of Hahnemann. Its meaning and import, briefly stated in the author's words, is this: "Every symptom and deviation from the normal state of health observed by the prover while under the influence of the drug, is derived only from the latter, and must be regarded and noted as a symptom belonging properly to the drug . . . . In the present instance (proving), the effect should be ascribed to the drug, for symptoms do not come of themselves." (*Organon*, § 138.)

This hoarding of symptoms arose from a fear of losing something valuable, and, though attributable to praiseworthy motives, it led to other errors, such as acceptance of other symptoms observed during disease and symptoms which were cured, both falling under the head of clinical symptoms, by which the materia medica is vitiated to a great extent.\*

Regarding this subject, I must refer you to the report of the Bureau of Materia Medica, contained in the *Transactions* of the American Institute of 1877, where I ventured the following statement: "The only method, it appears, of judging of the value of such provings is to retain only those symptoms which agree pathologically and in expression (concordance and congruence are the terms which I have applied later in critical analyses of provings), and to eliminate all those, or most of those, which are different in each prover; and those retained should, furthermore, correspond with the actual drug-effects of provers whose individual or non-medicinal symptoms were eliminated."

The idea expressed in this sentence is in full accord with that of the Vienna Committee, quoted by Dr. Dudgeon, and later expressed by Drs. Dunham, Allen, and Dake, and it is sincerely to be hoped that it will be the vital point of importance in all experimental test or drug-provings of the near future. Not only this, but it will, on closer consideration, be found to be that principle through which the work of provers of the past can be readily tested as to their validity.

Before touching further upon the principle of agreement or concordance, the principle of counter- or control-tests should receive our

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\* See, also, "A New Materia Medica Constructed in Accordance with Strictly Scientific Methods," *N. A. Jour.*, T. F. Allen, March, 1889.

attention as one which has been almost wholly ignored in pursuing our time-honored method of proving. While now not even the most relentless opponent of our system dissents from the subject of experimental tests, it becomes apparent on close scrutiny that principles and methods have been too often confounded, and erroneous methods too lavishly lauded in the defence of a correct principle.\*

It is only the latter portion of the present century which has witnessed great progress in exact methods of experimental research, in all of which the control-test plays a most important part in the questioning of nature. Her answers will invariably be truthful; she will never misinterpret our question, but we may often misconstrue her answer. To avoid this, the question to nature must be put in more ways than one by means of control-tests.

These control-tests, applied to drug-proving, may be varied in a great many different ways, too numerous to mention here. Those which most readily suggest themselves are first to set aside several provers who, under the supposition that they are to take a drug, really are taking some inert substance, while another set test a real drug. When this is continued until a certain number of records have been obtained from both sets of provers, the order should then be reversed. This will show quite distinctly whether the drug is producing any effect, which, of course, should differ from records of sensations obtained without medicine.

Another control-test is the old and excellent one recommended by Hahnemann, that provers should note their sensations for a time before taking any drug. But frequent experiences show quite conclusively that those about to prove almost unexceptionally declare themselves to be free from ailments or unusual sensations, while control-tests demonstrate unmistakably that very manifold non-medicinal sensations make their appearance as soon as a prover takes a drug. On the other hand, there are others so obdurate as to manifest none, or to deny the perception of any effect whatever.

To obviate error as much as possible, the control-tests to be undertaken will be those of *exclusion, repetition, and of comparison*.

Many have already discussed the subject of drug-proving, and the points which have struck me most forcibly as needing elucidation.

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\* See, also, "Control-Tests and Drug-Provings," *N. E. Med. Gazette*, February, 1884.

tion have been so fully treated of that it will be superfluous to repeat the whole in this place, so that an abstract will suffice.\*

The future of homœopathy as a means of healing the sick depends on its methods of testing drugs for their effects on the healthy organism. But the enormous difficulties of reaching positive knowledge in this way, if appreciated by a few, are under-rated by many, while the results obtained have been in too many respects over-rated as to their value. Certain errors inaugurated by Hahnemann himself have multiplied the errors of results, in the course of years seriously threatening the validity of the *materia medica*. Permit me to call your attention to a brief consideration of these errors, and to cast about for methods of correcting them.

The great axiom from the beginning of drug-proving, as stated by Hahnemann, that "every symptom and deviation from the normal state of health, observed by a prover while under the influence of a drug, is derived from the latter," was held fast as a convenient truth. Provers, as individuals and as societies, found in it an easy method of producing long symptom-lists, which contained the useful and the useless, but these were inextricably commingled. Regarding every recorded sensation due to the drug, there was no need of making distinctions, and as it is a very easy matter to record our feelings, this was done accordingly, entirely regardless of the dose taken, whether a high potency or the crude substance in large quantity, whether often repeated or only in one minute dose.

The same axiom leads to the logical conclusion that the same drug may produce very different effects or symptoms upon different provers, young or old, male or female. Whatever each experiences, no matter how each varies from the other, it was all to be literally recorded in accordance with Hahnemann's rule.

That such an error should have been overlooked a century ago, is not a marvel, but it can no longer exist in the presence of modern methods. The simplest control-test by reservation will obviate such an error. Such experiments properly made will show that spinach is a harmless pot-herb, while the uncontrolled trial might seem to prove it to be a poisonous substance.

Another argument against the aforesaid assumption is, that if one drug can affect different provers each in a different manner, this prop-

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\* See "Our Methods of Drug-Proving," *N. E. Med. Gazette*, June, 1886.

erty would seriously invalidate the general applicability of the rule of similars. For, according to a very simple process of reasoning, a drug cannot cure a patient in whom it will *not* create effects similar to those it is intended to cure.

But we are considering difficulties of proving, and among these there presents itself the much discussed subject of differences in degree of susceptibility of different provers to the same drug; further, the different degrees of susceptibility of provers to different preparations of the same drug. This is said to be very various and apparently capricious, but not satisfactorily demonstrated, but only assumed under the prevailing method.

These points to be guarded against, and recognized by all who have ever given attention to proving, are forcibly and lucidly stated by Dunham, who invariably and justly insists that each of these conditions in each proving is to be determined by experiment. (*Loc. cit.*, page 139.) This does not exhaust the conditions, which multiply as the experiment proceeds, and yet no proving can be considered perfect until all contradictory conditions are met in a satisfactory manner.

This renders perfect proving exceedingly difficult, far too difficult for the general practitioner, and entirely out of the reach of the student; and yet such work is expected of all as if it were mere child's play. Before turning to means of relief, we find ourselves confronted by certain theoretical assumptions which in time have acquired dogmatic inflexibility. Let us ask seriously whether such information as we possess to-day really confirms the theory that the susceptibility of individuals is infinite and not limited. From such provings as have been made, such might seem to be the case; but from provings as they ought to be made and have been made,—not always within the ranks of our school,—it is demonstrable that susceptibility is limited as a rule, but extremely great or entirely absent only as an exception.

To extend the question farther, let us also ask if it is really true that different provers experience very different effects from the same drug, or very different effects from different preparations of the same drug, as urged by Dunham and all others before him? The conviction has grown among us, and takes firmer root as we study experimental tests of all kinds undertaken to demonstrate toxicological problems, that such vague and limitless differences do not occur, but

that they exist only within appreciable limits; and I am furthermore convinced that we have hitherto persuaded ourselves of the existence and reality of limitless differences of drug-action and susceptibility of individuals, because it was so much easier to construct symptom-lists in this way. Who has not unwittingly deceived himself? I would be the last to cast reproach on individuals or organizations, and am assured that my expressions will not be regarded in this light. If we have been in error, more practical methods will extricate us; let one short example indicate the line of defense on my proposition in relation to susceptibility. Some provers have recorded not only long symptom-lists but very serious affections from very small doses, for instance, of Cactus, while others have had no effect from gradually increased or single large doses aggregating to ounces of genuine tincture of that plant. Does this prove the existence of a great difference of susceptibility? Some, no doubt, will affirm that the result is explained only in that sense, and it might be, were it not for another way of regarding it, namely, that those provers who recorded many and very different incongruous symptoms, described their mental states only, while those who had no effects to record were simply less imaginative, and that, hence, the preparation or tincture of Cactus was inert. Personal experiments and internal evidence of the Cactus proving speak for the latter interpretation.

The same mental processes have developed and are clearly indicated and discoverable in all provings made by and under the supervision of the committees and bureaus of the American<sup>6</sup> Institute during the past five years, and are printed in the *Transactions* in such a form that they can be readily studied under the rules of scientific experimental tests or comparison of results of sufficiently large numbers of provers.

If such considerations have any value they will aid progress in future provings. If hitherto we have proved drugs to discover and to accept divergent and contradictory effects, it is time that we should begin to discover and to disentangle that which is common, general law, according to the principle of action and counteraction of the living organism. If all that is recorded after the taking of a drug, is due to that drug, we need no common rule of similars, but shall have to cast about for many other such maxims. If, on the other hand, that is sought and ascertained which is as nearly as pos-

sible common to provers in general, then one law of cure will be more likely to cover the ground. That which agrees in the majority of provers is not only more valuable than the exceptions, but I am inclined to omit the exceptions altogether; for even then are we not liberated from uncertainties. If, as my friend Dr. Allen fears, the bulk of the materia medica will thereby be exceedingly diminished.\* I can find no serious objection on that ground, but am inclined to consider it as an advantage; for, though it may be at the expense of something possibly useful, the uncertainties which we are able to eliminate will be more than outweighed by the condensed but much more correct and true records which are left.

What the principle of proving, then, most certainly demands is an improvement of its methods of procedure; but before determining upon methods let us endeavor to become clearly conscious of certain fundamental principles to govern our future methods. Although I have ventured to formulate such rules, and have repeated them before in other places,† I may be pardoned for stating them again on this occasion.

The axiom which alone can lead us out of the path of error is, that *in seeking for true effects, certain causes acting under like conditions, always produce the same effects. And, hence, conversely, if we are seeking for causes, the rule will be that widely varying effects are not to be attributed to the same cause or causes.*

A proving properly made, that is, a carefully conducted experimental test, under methods which avoid error by varying the experiment under control-tests, should exhibit the same results upon repetition. If, with each experiment, the result varies, it cannot properly be attributed to the drug taken. A drug administered repeatedly under the same conditions produces no widely differing effects, if it is a drug and is capable of producing any effect. If entirely inert, we should obtain no effects from it, provided the experiment is properly conducted.

Another fundamental axiom in all experimental tests, among which drug-proving occupies so important a place, may be formulated thus: *Cause experimental tests (provings) to be as numerous as possible, and insist that the observations and records of experimenters*

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\* *N. A. Jour.*, June, 1889, page 348.

† *Loc. cit.*, *N. E. Med. Gazette*, June, 1886.



*shall* manifest distinct agreement (concordance) in pathological sense, and, failing in this, they shall be excluded as useless.

To exclude discordant, uncertain and ambiguous records is to follow the true spirit of the founder of our school, "*to distinguish medicines from each other with scrupulous accuracy, and to test them by pure and careful experiments with regard to their powers and true effects upon the healthy body.*" If, henceforth, we do not mechanically follow the method of Hahnemann, we shall gain immensely in obeying the spirit and meaning of his behest, by retaining only what we know positively, and by excluding that which is theoretical and uncertain. In this the master wished to be followed implicitly. What are a few thousands of erroneous or doubtful statements in the form of "symptoms" compared with an hundred bearing the impress of truth corroborated by numerous tests carefully analyzed and compared as to their agreement?

Another rule worthy of consideration, and which within the meaning of Hahnemann should govern future provings, may be expressed thus: *Each drug when tested upon the healthy organism is capable of producing a series of distinct and peculiar effects which serve to distinguish each drug from others; but these results should not be considered as resulting from and as peculiar to the drug, unless they are recognizable as distinct signs of disease (pathological), that is, unless they indicate some recognizable pathological state.*

This rule, like the others, though apparently inflexible, need not necessarily be thus construed in experimenting, but should serve as a warning and as a guide in distinguishing sensations peculiar to health from those of disease; as many sensations are not necessarily symptoms, they are by no means identical with them, and should be accepted only after numerous tests without conflicting testimony.

The two requisites of proving may briefly be stated to be, first, *to conduct provings in such a manner as to avoid errors*; and, second, *to devise means of eliminating unavoidable errors.*

The means of avoiding error in experiments are the counter- or control-tests of which I have spoken; among such control-tests I would count the comparison of results of different potencies. Thus the results or records of tinctures should be compared with those of a kind; lower potencies with lower potencies; higher with higher potencies. Then comparisons will not confuse matters as would be the case where records of potentized preparations are compared with

those resulting from the trial of a crude substance, and thus the doubts arising from questions of susceptibility or resistance would be greatly lessened at the outset. In this manner it would likewise be possible to avoid to a great extent doubts and theories regarding the variations of effects which are supposed to, or might, result from different preparations, high and low, of the same substance.

Among control-tests I would decidedly reckon experiments upon animals.\* While these may show greater or less susceptibility to the effects of drugs, they are not liable to vitiate results by eloquently expressed sensations; while their symptoms must necessarily be of the objective kind, they will at the same time be fewer in number and, therefore, more intelligible, constituting a fair control-test for proving on the human subject. This, being vastly more difficult, might advantageously form the final test. Such a test or proving upon the human subject, considered in the presence of a briefly but epigrammatically mapped out animal-test, will appear much more intelligible and consistent.

The subject is of too wide a range to be exhaustively treated of here, but if my hearers will kindly turn to the article quoted, the subject, at least, will be found to have been carefully considered as a practical working plan which, if carried out by some who possess the time and means, will finally lead up to that distant and long-wished-for goal at which we may at length determine *experimentally to what extent disease is curable by medicine; and this is to be ascertained, first, by learning how to produce artificial disease, and then how to cure it artificially.*

Pasteur's and Koch's work are in this direction, as are likewise the experiments on the antagonism of drugs† by Bennett and Fothergill; but these are clumsy attempts compared to what is contemplated in the aphorism on drug-proving.

I cannot leave this subject without pointing out another way to avoid error in the beginning of an experiment; it is to avoid the testing of substances which for certain reasons must be held to be

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\* "Aphorisms on the Methods of Proving the Efficiency of Drugs upon Animals." *Ha'nemannian Monthly*, June, 1891, p. 336-55.

† *Researches into the Antagonism of Medicines*, by John Hughes Bennett, M.D., etc. London: Churchill, 1875.

*The Antagonism of Therapeutic Agents and What it Teaches*, by Milner Fothergill, M.D. Edinburgh: H. C. Lea, 1878.

inert. While it cannot be determined *a priori* that a given substance is inert, it is within reach of our knowledge to determine whether a given preparation of a substance actually contains any of that substance or not. It may as yet be a subject of inquiry where the exact limit of the divisibility of matter is to be found, but that it is long lost before the 20th centesimal or 60th decimal attenuation, ought to be known by this time, or accepted, at least, as a safe axiom to free our pharmacy from mysticism. In short, attenuations above the twelfth centesimal contain no medicinal substance, and critical analysis will readily discern that drug-effects will cease long before the actual limit of matter is reached. The omission of such provings, then, will simplify our task greatly.

Yet here it is, this mass of great and important knowledge from which the true and useful is to be liberated and set free. To reprove all this according to new and better methods is impossible, and yet none will consent to waste that from which so much good has always been derived. Neither are our working days so long that new and complex methods of experimental proving would be likely to bear fruit in the near future, with every physician overworked in his profession and without leisure to do what he most desires.

Hence, we must seek for some simple rule, some direct method which shall enable us to accomplish our purpose of purification quickly and practically, if not ideally and perfectly. The shortest way to attain this end is the comparison of all results and then the retention of that in which most or all provers agree. This, although not the only safeguard, is the one underlying all scientific research in all branches of science.

Where the possible errors arising from want of knowledge of temperament, potentiation, dosage, susceptibility, the relative strength of drugs, etc., have been admitted into our symptoms-records, the above rule of impartial comparison of results will serve to remove them. Where in the past or in future provings such errors have been avoided, this rule of impartial comparison will be all the more readily and effectually employed, especially when it is at once brought into play with supervision of provers and provers' records by competent persons.

This article, although already extended beyond the allotted limits of space, is, after all, but a condensed delineation of the subject

which yet requires the introduction of many other topics to complete its logical basis. Some of these topics readily present themselves in the consideration of the questions as to the extent to which our symptomatology is faulty; the extent to which it is corroborated by clinical verification on a statistical basis; the extent of errors introduced into symptomatology by errors in our pharmaceutical methods, etc.

All of these topics, the consideration of which gives rise to many more, require careful illustration and the introduction of reasons for their support, while the time and space allotted barely permit their enumeration. But that these subjects, as here stated, may not appear like mere after-thoughts, and to afford a clue to work done in the preparation of a basis for future improvement in drug-proving and symptomatology, I beg leave to refer to the subjoined list of sources all bearing directly upon the subject which I have had the honor to present to you.

Articles bearing upon this subject, but not introduced in the text of above article, are:

"Fallacies of Clinical Reports," C. Wesselhœft, M.D., *N. E. Med. Gazette*, March and April, 1875; and *Hahnemannian Monthly*, July, 1888.

"Microscopical Examination of Metals," C. Wesselhœft, M.D., *Transactions of American Institute of Homœopathy*, 1878.

"Drug-Attenuation; its Objects, Modes, Means, etc.," Report of Bureau of Materia Medica, etc. (J. P. Dake, M.D., Chairman.) *Transactions American Institute*, 1879 and 1880. (Requiring reprint, being replete with typographical errors.)

"Proofs of Drug Presence," Report of Bureau of Materia Medica, *Transactions of American Institute*, 1880.

"A Plea for a Standard Limit of Attenuation," C. Wesselhœft, *Transactions of International Homœopathic Congress*, London, 1881.

"Effects of Triturations upon Wedgewood and Porcelain Mortars," C. Wesselhœft, M.D., *Transactions of American Institute*, 1883, p. 339.

"Remarks and Suggestions Concerning Certain Homœopathic Preparations," J. Edwards Smith, M.D., *Transactions*, 1883, p. 843, and of 1884, p. 127.

"Development of Drug Power," L. Sherman, M.D.

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## THE DRUG-PROVING OF THE FUTURE.

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I HAVE been desired to initiate, at this meeting, the discussion of the subject of drug-proving, as now lying before us. That I have been occupied, during the last seven years, in bringing together the results of such work as done in the past, may be some qualification for attempting a view of what it may be and should be in the future.

It is needless, at the present day, to demonstrate the necessity of the proving of drugs on the healthy human body, or to vindicate for Hahnemann and his school their prominent place in the accomplishment of the task. The former assumption I must take for granted; and for the latter I have but to point to the *Cyclopædia of Drug Pathogenesis* and to the volumes of Hahnemann's own issuing, of which this is but a supplement. Leaving such themes, I think that I shall best fulfil the duty assigned to me by endeavoring to answer the two questions: 1st. What shall we prove? 2d. How shall we prove?

I. As regards the drugs for future experimentation, I submit that the main guide in our selection should be their usefulness as remedies. A great deal of time and strength has been wasted in the past upon substances of no ascertained medicinal value. What fruit have we got out of the extensive provings of *cotyledon umbilicus* in England, of *fagopyrum esculentum* and *ptelea trifoliata* in America? When we know all about the real medicines we possess, on their pathogenetic side, then will come the time to see if we can create new ones.

There are three directions, especially, in which we may look with advantage for drugs of this kind.

1. The first is that of the old Hahnemannian stock. There are constituents of the *Materia Medica Pura* even, whose physiological effects we know only from a list of symptoms in schema-form, and

might understand much better had we consecutive narratives of experiments with them. Still more need is there for re-proving among the drugs whose pathogeneses appear in the *Chronic Diseases*. The majority of the symptoms here do not come from provings at all, but are (supposed) incidental effects observed upon the sick; while any fresh trials upon the healthy body made for this work were conducted with the 30th dilution only. The Austrian Society, of honored memory, and other German and American physicians, have labored already in this field, but there still remain such substances as Ammonium muriaticum, Anacardium, Calcareo, Causticum, Conium, Graphites, Guaiacum, Hepar sulphuris, Kali carbonicum, Magnesia carbonica and muriatica, Muriatic acid, Oleander and Platina, a thorough re-proving of which might greatly enrich our therapeutic resources.

2. There is next the series of mineral compounds which Dr. Schüssler has propounded as capable of remedying all the ills to which flesh is heir. Whatever we may think of his theories, or however little our assent to the limitation he advocates, there can be no doubt of the value of his remedies in themselves, or of their being of the homœopathic kind. To give them their true place, they should, obviously, be proved on the healthy body; and it is not quite to our credit that, while so many of us have written upon their therapeutic, so few have attempted to elicit their pathogenetic properties. Seven out of the twelve came to us altogether unproved, and with two only of these—*Ferrum phosphoricum* and *Magnesia phosphorica*—have we done anything to supply the deficiency. *Calcareo fluorica*, *Kali muriaticum*, *phosphoricum* and *sulphuricum*, and *Natrum phosphoricum*,—these remain for any one who would rescue the medicines in question from their present merely empirical use.

3. Parallel with Dr. Schüssler's mineral medicines, and occupying a similar relation to homœopathy, are the herbs introduced by Count Mattei, and known as "anti-" this, and "anti-" that, according to their supposed usefulness. The count has unfortunately kept his remedies secret, and this has prevented most of us from employing them; while the imaginary "system" of which they form a part, and the pretence that electricity has much to do with their efficacy, have excited a repugnance in the medical mind at least as great as the glamour thereby cast over them in the eyes of the public. Never-

theless, there can be little doubt that some of those remedies are powerful ones; and if we could learn what they are, they would have great claim on our attention. So far back as 1884, Dr. Berridge published in the *Homœopathic World* (p. 259), a list of the plants employed; and although its accuracy has been challenged, I must think it possessed of strong evidence in its favor. The authorities from whom he obtained it, he says, "all professed to have derived the secret from Mattei himself, and their accounts are in perfect harmony, though some contain more facts than others." Still more significant is it that the herbs which, according to the list, play the leading part in Mattei's system are found of high repute in the old herbals, and sometimes for just such virtues as are here ascribed to them. Thus, he has a medicine he calls "anti-angioitico," *i.e.*, good for affections of the bloodvessels (he says also for "vitiation of the blood," but this is obviously an inference only, and physiologically a false one). It is described as "acting equally upon the whole circulatory system," as "easily arresting hæmorrhage in general," as curative of bleeding piles, etc. In Dr. Berridge's list "anti-angioitico" is given as the thlaspi (now capsella) bursa pastoris—the "shepherd's purse" of popular language. Of this Gerarde says (*Herball*, 1636): "It stayeth bleeding in any part of the body," whether applied locally or given internally; and again—"it is marvellous good for inflammations new begun." Its power as a hæmostatic has been vouched for in our own school by Jousset,\* Rafinesque,† and Harper,‡ and also by several old-school (especially Rademacherian) practitioners.§ The identification is therefore confirmed, and the virtues ascribed to the drug substantiated. We ought to prove it on the healthy body, and to learn there what is its range and kind of action. And then, having tested the ground by means of this "angioitico," we may advance to the other "antis" of Mattei's list. Some are mixtures, and do not concern us here. We may also put aside Chamomilla ("anti-canceroso 4") and Gentiana ("vermifugo"), which are already proved and known; and the Brassica oleracea ("anti-scrofuloso 2") and Sisymbrium nasturtium ("anti-canceroso 5") which are the

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\* *Bull. de la Soc. Med. Hom. de France*, vi., 721.

† *Ibid.*, xiv., 160.

‡ *Monthly Hom. Review*, Dec. 1890.

§ *Ibid.*, Oct., 1888, and *L'Art Medical*, July, 1888. See also Merck's *Bulletin*, iii., No. 1.



common cabbage and water-cress, whose medicinal powers we may well question. But there still remains a series of plants of undoubted repute and activity. These are:

The Betony (*Betonica aquatica* or *Stachys betonica*), which is Mattei's "anti-scrofuloso."

The Orpine or Live-long, and the Yellow stone-crop or Wall-pepper (*Sedum telephium* and *Acre*), which, with the House-leek (*Sempervivum tectorum*, a member of the same order of crassulaceæ), constitute his chief "anti-cancerosos."

The Water-pepper (*Persicaria urens* or *Polygonum hydropiper*), which is his "anti-venereo."

The Vervain (*Verbena officinalis*), his "febrifugo," and

The *Galeopsis grandiflora*, an Alpine species of this genus, his "pettorale" (and also his "white electricity" for external application).

I confess that in the only herbal to which I have had access—Gerarde's—I do not find attached to these plants the specific virtues from which they derive their Matteistic names, but Italian works of the kind might reveal the sources of his inspiration. At any rate, these are, in all probability, the leading simples which, alone or in combination, make up the count's Pharmacopœia, and have given to his medication any efficacy it may have displayed. I would urge that at least the *Betonica aquatica*, the *Sedum acre* and *Telephium*, the *Sempervivum tectorum*, the *Thlapsi bursa pastoris*, the *Polygonum hydropiper*, the *Verbena officinalis* and the *Galeopsis grandiflora* be taken up for proving, and so be reclaimed for legitimate and scientific medicine.

Besides these three groups, I may mention—as drugs well deserving a more thorough proving—*Aralia racemosa*, *Ceanothus Americanus*, *Guaco*, *Hydrocotyle*, *Lachnanthes tinctoria*, *Naphthalin*, *Prunus spinosa*, *Quebracho*, *Salicylic acid* and *Symphytum*.

II. The question—What shall we prove?—has thus been answered at perhaps sufficient length. We have certainly sufficient material to work upon up to our next International Convention. The important and more difficult question still remains—How shall we prove?

Here, too, there is much that may be assumed, as generally acknowledged. That provers shall be in some number, to bring different degrees and kinds of sensibility to the drug, and of both

sexes ; that they shall be in good health and free from perturbing causes during their trials—these requirements are obvious. They should also be of fair intelligence, that they may observe and describe their symptoms accurately ; and should be instructed to test as well as note themselves, as by ascertaining what aggravates and what ameliorates the feelings they experience. All this was recognized by Hahnemann himself, and his provings were conducted accordingly. The progress of science, however, has, on the one hand, enhanced our powers of observation and taught us precision in using them, while, on the other, it has revealed sources of fallacy unsuspected by our earlier experimenters. A few words must be said on these heads.

1. The whole field of physical and chemical examination has been opened since Hahnemann's time. The symptomatology of disease has been indefinitely widened by the work done in it, and so also—if likes are to be treated by true likes—must that of drugs be. The changes in the urine produced by these must be described, not only as they affect sight and smell, but in terms of the acidity, the specific gravity, and the precise quantity of the secretion, with any abnormality in its constitution that may be discovered, in the test-tube or through the microscope. Any feelings of uneasiness in heart or respiratory organs should lead to examination by percussion and auscultation ; and an altered pulse should not only be felt and counted, but made to trace itself sphygmographically. The eye should be explored with the ophthalmoscope ; the ears, nose, larynx, uterus, rectum, each with its proper speculum, should these show signals of distress. Feverishness should be measured by the thermometer, loss of flesh by the weighing-machine. Such investigations are merely an extension of the principles laid down and carried out by Hahnemann for his provings ; but they are an extension which our present knowledge demands, and without which no experimentation with drugs can be deemed satisfactory.

2. The other great advance to which later science has called us in these studies is the allowance for what astronomers call the “personal equation” in our provers. Symptoms occurring in many who test the same drug are thereby of enhanced value ; symptoms recurring in one who tests many drugs are proportionately depreciated. The moral phenomena of Langhammer's provings, among those of Hahnemann's immediate disciples, were thus noted long ago by Dr.

David Roth ; and to the "hard backache" of our living colleague Dr. Burt I called attention in 1865, as a feature appearing in most of the heroic experiments made on his person with the "new remedies."\* But we ought not to have to wait for the ascertainment of all such idiosyncracies, till many provings have been made. There should be some way of eliciting and eliminating them beforehand. It was accordingly urged by Piper in 1840† and by Dr. Drysdale in 1843,‡ that before a prover commenced his experiment he should watch himself for some time, and note such physiological oscillations as were apt to occur in his normal state. I cannot say that this wise precaution was ever taken, though Dr. Hamilton showed us in 1871§ how many symptoms might thus be recorded. In 1877, however, Dr. Conrad Wesselhœft first carried it out in practice,|| and in (I think) a more excellent way,—giving his provers blank powders for a time, indistinguishable from those containing the drug—*Carbo vegetabilis*, and letting them begin their day-books while taking the former. The symptoms then occurring (which were not a few) we will not follow Dr. Allen in adding to the pathogenesis of *Carbo*, as he inadvertently did ; nor will we put them, as I suppose Dr. Swan would, to the credit of that potent poison, *Saccharum lactis*. We will use them to check the subsequent trials made with the drug itself, and to distinguish then between real medicinal action and the mere spontaneous perturbations of the prover's health.

Since that time Dr. Wesselhœft has—as is his right—preached us more than one sermon on this text, as the readers of the excellent *New England Medical Gazette* know well.¶ He shows in these how in all branches of science the principle of "control-tests" prevails in experimentation, and urges its thorough application to our future drug-provings. I do not think that any one can gainsay his arguments, and it would not be too much to affirm that without such counter-trials no systematic provings should be accepted by our societies or published in our journals.

\* See *Brit. Journ. of Hom.*, xix., 625 ; xxiii., 251.

† *Hygea*, vols. xii. and xiii.

‡ *Brit. Journ. of Hom.*, vol. i.

§ *Brit. Journ. of Hom.*, xxix., 565.

|| *Trans. of Amer. Inst. of Hom.* for 1877.

\* See Nos. for February and March, 1884, and June, 1886.

3. To these requirements of modern science I would add another, which has been taught us by the internal development of the homœopathic method; and that is that our provings should be made *omni dosi*. I use this Latin phrase because it is part of the definition of homœopathy so aptly formulated by Dr. Imbert-Gourbeyre.\* Large, small, and infinitesimal doses play their part in our therapeutics; and my contention is that they should all find place in our pathogenetics. They did so in Hahnemann's. His earlier and personal provings were mainly made with single full doses, allowed to act till their influence was exhausted. He then adopted the plan of giving repeated small doses until some effects were manifested; and finally recommended all provings to be made with globules of the 30th dilution, supposed to be at least equivalent in potency to the original full doses.† I would propose, with some modifications, to combine these three modes of procedure; and to prove every drug in single large, in repeated small, and in infinitesimal doses. Let me say a few words about each.

a. The value of provings with single small doses is this, that they image acute disease, in its course and duration. Poisons also do the same; but the quantities taken are here mostly so large as to provoke expulsive and evacuant effects, which mar the specific action of the drug. How much less instructive, for instance, are the records of poisoning with Tartar emetic than the experiments on themselves of Mayerhofer and Molin.‡ In proving we can so proportion our dosage that the system shall tolerate what we take, and yet that it shall make us ill. And let me add that it must make us ill (as in the instances I have cited) if our experiments are to be of full value. There has often been a timidity in the past which has impaired our results; as it has been said, it takes nine provers to make a headache. How greatly the bold use of Conium by Harley, of Aconitine by Schroff's and of Atropine by Hale's provers, has enhanced our knowledge of these drugs! There are medicinal effects which depend upon quantity, and we must use quantity to obtain them.

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\* "Similiter, elective, contigenter, omni dosi."

† For evidence as to these statements, see my *Pharmacodynamics*, 4th ed., p. 18, 23, 37; and for specimen of the last method, *Monthly Hom. Review*, September, 1889.

‡ See *Cyclopædia of Drug Pathogenesis*, article, "Antimonium Tartaricum," i., 6, 9.

b. On the other hand, if we wish for drug-pictures similar to those of chronic disease, we must go chronically to work. We must give small doses, if necessary gradually increasing them, repeating and persisting until morbid phenomena appear, and even then not pausing until the medicinal disease has been thoroughly established, when we may leave it to its own evolution. This was the way in which the Austrian provers went to work, and by which they so enriched the materia medica. We are here concerned not so much with the sequence of symptoms as with their concomitance, and, therefore, care less about interfering with their progress. We want, moreover, to elicit something like diathesis and dyscrasia, and so must take our time about it. Here, too, provers must not shrink from making themselves ill and remaining so for a time; they need not fear any ulterior harm.

Among the drugs awaiting such treatment as this, let me mention Conium. We know, thanks to poisonings and Dr. Harley, what single large doses of it can do; but we must remember that the older repute of the drug was not in the neurotic sphere where such quantities play their part, but in that of the vegetative organs. We have made some use of it homœopathically here, but nothing to what we might make did we know the results of its prolonged and persistent use in small doses. Hahnemann's pathogenesis helps us little in this direction, as its symptoms were mainly obtained from infinitesimal doses; and such symptoms, whatever their value, have no place in the category we are now considering.

It is thus, also, that such drugs as Schüssler's should be proved—having no special effect in single full doses.

c. I come now to proving with infinitesimals, and here I know that I am on debatable ground. I was in full accord with the vote of the Bureau of Materia Medica of the American Institute in 1884, which desired the editors of the *Cyclopædia of Drug Pathogenesis* to admit no new symptoms from dilutions above the 6th. But observe, first, that this step was taken avowedly upon prudential considerations, not as prejudging the question; and, secondly, that it conceded the validity of effects ascribed to billionths of a grain. which go a pretty long way in the direction of infinitesimals. I acknowledge, therefore, no inconsistency in advocating the use of doses of this order in all provings of drugs, not, as in Hahnemann's

later mode, to the exclusion of substantive quantities, but in addition to these.

I do so deliberately on the ground that Hahnemann's dynamization, however baseless the theories about it, is a fact; that attenuation, when conducted according to his methods, does more than simply weaken virulence, and, at least in some cases, develops energy; and that such energy cannot be limited to the therapeutic sphere, but may, at any rate in some subjects, display itself pathogenetically also, and in actions unknown to the crude drug. All systematic provings exhibit instances of this, those of the Austrian Society as much as any; but one of the best illustrations is afforded by Dr. Conrad Wesselhœft's experiments with *Iris*, as reported to the American Institute in 1868. The tincture, in repeated doses of ten to fifty drops, produced little but local effects, whereas the 5x dilution developed a genuine (though not severe) sciatica, which was renewed a month later by the 3x, and intensified by the 1x, under which last rheumatic and neuralgic pains occurred in other parts also. These, he expressly says, were not developed by the tincture. Dr. Wesselhœft has so little of the fanciful about him that this experience of his is of special value. I am quite aware that such results are exceptional; that you may give attenuations to twenty students, and one or two only shall report effects from them. I recognize also that special care must here be taken to avoid illusion, and to eliminate the working of expectant attention. But when all this is said, it remains that potencies will produce medicinal effects which crude drugs cannot excite, and which we of all men, heirs of this great discovery of Hahnemann's, must not neglect.

The symptoms thus obtained, moreover, are of a class especially suitable to homœopathic practice. They are of the "contingent" kind (to use Dr. Drysdale's nomenclature)—dependent upon special susceptibility, rather than "absolute"—producible on all subjects if only sufficient doses are given; and they present, as a rule, those resemblances to the minuter features of idiopathic disease which enable us to select *simillima* instead of *similia* only. I shall not be suspected of undervaluing the importance of pathological lesions and pathognomonic symptoms when I urge the claims, in their own place, of these finer shades of the morbid picture. Let us indeed get images of sicknesses in our drug pathogenesis, but let us also get images of sick persons, in all the variety they display; and this we

can sometimes best do by experimenting with infinitesimal quantities. I do not mean such "airy nothings" as the hundredth, thousandth and millionth dilutions employed (or supposed to be employed) by the extreme left of our school. I do not mean "fluxion potencies" of any one's manufacture. I am speaking of the graduated attenuations of Hahnemann's scale, carried up to any reasonable height the experimenter may choose, the same latitude being given here which we allow in clinical reports.

4. Finally, I would urge that we homœopaths should not leave to our old-school brethren the proving of drugs on animals, and for this reason, that their aims are so different from ours that their procedure rarely subserves our ends. We want synthetic pictures of disease; their method is analytic, directed to ascertain what nerves and functions are affected, and in what manner, that they may use the capabilities thus revealed in their therapeutics. We can to some extent utilize their researches, but must add our own, if *similia similibus* is to be carried out with animal as well as human symptomatology. The great use, of course, of these *corpora vilia* is that in them the ultimate effects of drugs may be induced, as they cannot be on ourselves. In animals, *e.g.*, we can ascertain if *Spigelia* is really homœopathic to cardiac inflammation, or if its action goes no farther than sensory and motor disorder of the organ. In these subjects we may learn what Iodine can do to the pancreas and mesenteric glands and *Ceanothus* to the spleen; whether *Calotropis* and *Hydrocotyle* can effect the integument in such a way as to warrant their repute in leprosy; and if *Cundurango* and *Hydrastis*, by persistent and prolonged use, can develop anything like malignant disease.

These, gentlemen, are the suggestions I have to offer relative to the drug-proving of the future.

#### DISCUSSION.

T. F. ALLEN, M.D.: I do not think I ever mounted this platform or a similar one with as much diffidence as under the present conditions. This whole subject has made such a deep impression upon my mind, increasing with the years I have devoted to it, that I feel to-day that I know scarcely anything about it; that I am absolutely incapable of discussing it. I stand aghast in the presence of this vast subject. The proving of medicines of the homœopathic school has just commenced. You may think you have got well into

materia medica, but you have, comparatively speaking, but a drop in the bucket. It must go on through the centuries of homœopathy, and even then there will still be an inexhaustible mine of health-giving medicines to prove. We look about us and we appreciate but faintly the almost boundless domain of nature in all its wealth before us, in the vegetable, animal and mineral kingdoms, of all of which we are at present comparatively ignorant. Thousands upon thousands of subjects innocent or benign, or of the most virulent poisons, what do we know about these things? Comparatively nothing at the present time. You take these great volumes of symptoms and you say you can't digest them; we don't expect you to digest them; others will digest them for you; so with the volumes of the *Cyclopædia*. The editors will very soon publish an index and repertory that will be the result of well "peptonized" work; but let me say a word in regard to how to prove drugs. There cannot be too much said and insisted upon as to the absolute necessity of every possible method which science can bring to bear to make our records and our investigations accurate and truthful; we must insist upon that at the start. With the risk of seeming to be personal, I must tell you what I have done in the direction of drug proving, or what I have tried to do in New York. In talking this matter over with a wealthy gentleman, I told him that I conceived that the proving of medicines and the finding out of the curative properties of drugs was so much more important than the founding of hospitals, or the supporting of beds in hospitals that they sank into insignificance. And he said, "We will build a laboratory and support it for five years, and at the end of that time if the ends justify the means we will endow it." But the gentleman has not yet put up the endowment money. He says he will, and I said to him we should need first a chemical laboratory in which our drugs must be analyzed and their chemical constituents separated. We must have in the second place a physiological laboratory in which experiments shall be made upon animals and the lesions noted. We must have in the third place a pathological laboratory, in which these lesions can be examined under the microscope, post-mortem. We must have, fourthly, a pharmaceutical laboratory, in which the proper preparation of drugs can be made and their uses and methods of preparation be given to the profession; and that will include an investigation into the whole range of pharmaceutics. Fifthly, we must have a laboratory of pharmaco-dynamics in which careful experiments shall be carried out upon men and women. And with this vast undertaking of which I should take charge we will need an endowment sufficient to start as many provers as we can get. He said let us begin at the last end first and begin by starting two provers at five dollars a week, and within a few weeks others will be started, and so on until a certain figure is reached. So you will see, Mr. President, that I



have been listening to these papers with much interest. Let me relate a few facts discovered in relation to the drug Aletris; as you all know it has been vaunted as excellent in diseases of women and in disorders of the uterine system. A young woman, graduated in medicine, was examined by a specialist and pronounced in perfect health. She began to take Aletris, five drops of the tincture, increasing to ten drops a dose, until she was finally taking 250 drop doses every hour and without the slightest change in her healthy condition; urine and everything continued normal. At the end of her menstrual period—she came exactly on time—she remarked that there had not been the slightest variation in the functions of her body. I must say that I was most absolutely surprised. She is now taking the dilutions of Aletris and perhaps we shall get something else. To another I have been giving Cedron. Dr. Helmuth has told me that for the pains following extirpation of scirrhus he has found no remedy of equal value to Cedron. I sent to Darien and secured a bag full of Cedron for future analysis, etc. A young lady prover to whom I gave the first decimal trituration said after awhile: "I will not take any more of that medicine because I have two sore swellings in my left breast; I am afraid." These, on examination, I found to be lymphatic enlargements; they are nodules which have not yet disappeared; these are the first fruits. Just here I want to make a point of what to prove and the ideas that have come into my mind, and that is simply this: that we are not in a safe position, on surveying the immensity of the field, to try to lay out a work for the future. Could we look down the centuries to come, with increased knowledge we would stand appalled at the magnitude of the undertaking, and refrain from making any rules touching the drug-proving of the future. But I think we may do something even now in the direction of the vegetable kingdom; let us say, perhaps one of the most interesting drugs of the vegetable kingdom is Apocynum; a drug which stands perhaps at the head of drugs that influence the circulatory and secretory systems. The entire family of Apocynaceæ are noted for that. There are over one thousand members of the family and each member is a rank poison. They are to be found in our tropical countries and are gathered as poisons. Shall we prove them all? Never. They may be grouped, and a large group will contain some special active principle identical in every member of the group, and let that stand for a type for the family. Then we have a very much simplified work. It was Dr. Reil who first suggested this plan, or at any rate worked along this line. If we bring out the active principles of a drug we have a knowledge that will guide us in the examination of other members of large families of plants. *Sticta pulmonaria* is good for coughs and lung disorders. It is interesting to learn that in some places lichens obtained by scraping rocks are made into a tea and given for

whooping-cough. So we may gather these lichens and separate the tannin and the woody fibre, and utilize the active principle and save ourselves the necessity of proving a hundred lichens; we may abbreviate and shorten this work to a very great extent in this way. In the future some such short cut will have to be adopted. There is no use in giving to our prover tannin, for he will find that proven in ninety-nine of every hundred vegetable drugs. The pathogenesis of a vegetable drug is something that appalls a student of medicine; it is so mixed up with the effects of so many other and various substances it is a herculean task to study it. We must simplify it also in this direction; if by taking the active principles we may obtain a knowledge of the forces of nature much easier and much quicker, should we not adopt it? I have the highest appreciation of Dr. Wesselhœft's paper; there is no man in our school who has labored so hard and so earnestly to purify our materia medica, and allow me to say that I am fully in sympathy with his methods to a certain extent; but I am afraid we are not quite ready yet for his radical measures. I don't think we can emasculate our materia medica just yet. The method of Dr. Wesselhœft is first to eliminate symptoms which do not occur in a number of individuals. Of course that will reduce our symptomatology to an enormous extent. Now it cannot be doubted that some individual provings, some individual symptoms, are reliable. Dare we throw them out of our materia medica at present in the light of centuries to come which perchance will verify them? The provings of *Agaricus* and the provings of *Berberis* are probably very nearly completed; very little needs to be added to them. But the provings of most of our drugs are extremely incomplete, and only the years and years that pile up ahead of us will solve the problem and complete the work for homœopathy. Before we attempt to throw out the individual symptoms because they occur only in one or two individuals, let us wait for them to be verified in the future. The combination of drug-effects is like the kaleidoscope—it is vast—and there will be hundreds and hundreds of individuals before you will get the same combination. It is surprising that these symptoms are duplicated; not that they are not duplicated. Let us retain these symptoms tentatively; then let us index them, and if we find that on appeal to the sick that they stand us in good service, let us use them, let us hold on to them.

DR. MOHR: I would like to add my testimony to the excellence and the suggestiveness of the papers which we have just heard read. Like Dr. Allen I appreciate highly the work that has been done by Dr. Conrad Wesselhœft, of Boston, to eliminate errors from our materia medica. But I cannot go as far as Dr. Wesselhœft does in the elimination process; because I believe that in many instances our remedies would be so emasculated that they would be of no use

whatever as therapeutio agents. I am in hearty sympathy with what Dr. Hughes has said in his paper, particularly in reference to the care which must be exercised in the proving of drugs. I have made several attempts to prove drugs, have directed other provers, but have absolutely failed to get results that I could feel proud of, or that would make me believe I had done anything whatever to advance the science of medicine. I think it is just because the profession has not been educated to exercise the care alluded to by these essayists that many of our provings have been fruitless. Every possible precaution should be used to eliminate doubt, and every possible instrument and every possible scientific method should be employed to corroborate the symptoms which are supposed to be experienced by provers. This necessitates labor, such as one man alone cannot perform; and that is one reason why I believe that my own work has proved futile. It seems to me that to work effectually we should have just such laboratories, as Dr. Allen is endeavoring to establish in New York, in connection with the New York Homœopathic College, and I believe with him that we should direct our earnest attention to secure the means, whereby experiments may be carried out fully and efficiently. Thus in the course of time we will get pathogeneses of undoubted value. One remark made by Dr. Allen may be misinterpreted; I don't suppose he intended to say that when you have proven the alkaloid of a plant, or one common to a number of plants that the pathogenesis of that alkaloid will represent what each individual plant may be able to produce. We all know that *Nux vomica* contains strychnine, but know also that the symptoms of strychnine and of *Nux vomica* are not exactly alike. We know that *Ignatia* contains strychnine; it contains more strychnine than *Nux vomica*, and doubtless the strychnine of *Ignatia* will act precisely like the strychnine of *Nux vomica*, but we all know that *Ignatia* and *Nux vomica* do not produce identical effects, and, therefore, the one cannot replace the other, nor can strychnine be substituted for either.

DR. DAKE: I hope the Congress will indulge me a few moments in the expression of my extreme pleasure with the papers that have been brought forward this morning, and with the discussions which have been made upon them. A whole generation of our physicians has passed since I had the pleasure of first presenting the plans which are now being accepted and carried out in the proving of drugs. I have watched the progress of this work with great interest, and it has afforded me extreme pleasure to see what has been done in Boston, and in New York, and in Baltimore for the purification and better arrangements of our present materia medica. Statements made here this morning by Dr. Allen, unfolding the ways and means, coming to his hand, for a proper proving of drugs, I hold as beyond anything that has been announced to us for a whole generation. Hœ-

pitals are good, colleges are for the dissemination of knowledge and are therefore good, but this lies at the foundation of everything in homœopathy. The homœopathic law first, then the perfected pathogenesis for materia medica; and you are prepared with them to go forward and cure the sick. One of them is just as important as the other. The application of scientific tests is absolutely necessary. I laid down the proposition thirty-four years ago, that, "*The prover of a drug should be subjected to the same tests and by the same means—the same diagnostic examination—as the sick.*" In practice if the stethoscope or any other such means may be required in the examination of a patient, the same means should be employed in the examination of the subject under the influence of the drug. I thank you for indulging me in this little expression of pleasure and leave to others the further discussion.

DR. ALLEN: Dr. Mohr has stated that I spoke of an alkaloid; I intended and thought I said it was an active principle; I intended so to say, and concerning Aconite in particular. As I have been recently picked up on a case, I have reported cases of neuralgia cured by Acon. uncinatum, said to be absolutely devoid of Aconitine. I wish to substitute the words "active principles" for alkaloid in my remarks, for the organic acids are quite as important as the organic bases; Aconitic acid probably effected the cures noted.

J. C. MORGAN, M.D.: I wish, Mr. President, to continue the discussion of the same subject. The alkaloids are very generally supposed to be the active principles of certain drugs of great power. Now a friend of mine passes entirely by these alkaloids in favor of other organic proximate, and more fundamental principles, found widely in the vegetable kingdom, and which have proved, in his hands, of extraordinary medicinal power. He is about to prepare a communication for the press, and therefore I am in honor bound not to prematurely present the subject. With respect to Dr. Allen's case of aletris-proving; the continuation of a drug for so long a time—if Hahnemann's principle be correct—in such large and frequent doses, should have the effect of antidoting the earlier doses by the subsequent ones. Place must needs be given for nature's untrammelled response. One method that I have found particularly useful in this connection has been to give the drug every five minutes for an hour; about twelve doses in all. "*Cascara*" or *Rhamnus purshiana* was proved by the students of Hahnemann College in that way, and undoubtedly, in that instance, they got characteristic symptoms. This method, however, of continuing without let-up has a tendency to be its own antidote. There are three factors essential in every proving. The first is the individual life; second, is the environment; and third, the drug. Again, a symptom is only a sign of life. There are symptoms of health as well as of disease. Special symptoms may be elicited out of the life forces by a drug,

by cold air, or by our every-day occupation; and a symptom resulting from a mere plus of cold air, or from a drug, is simply a modification of the healthy physiology. Life is so related to proving that any symptom that we get of a drug is nothing more than a modification of health, and in no case is either of the three factors lacking. Therefore, we must not look for an absolute drug-symptom; it cannot possibly exist. Without life there can be no proving; not only so, but the individual life is ever impressed by the environment,—changes of atmosphere and so forth. We must remember that they cannot be possibly excluded from any drug-proving. A “pure drug-symptom” is an absurdity! Hence, again, we are made to look upon the conditions or “modalities” under which symptoms grow better or worse, in other words, the environment-symptoms, as *essential* and homogeneous; not irrelevant, or confusing, or trivial. Every symptom, therefore, to be *complete*, must contain an expression of each and all of the three factors, viz.: the “personal equation,” the influence of the general environment, and lastly, that of the special modification of the environment, namely, the drug—for such only, it is.

The allusions of Drs. C. Wesselhœft and Richard Hughes to *control tests* of provings, by the administration of inert substances, and recording of the reported symptoms, recalls Dr. Wesselhœft's own test, reported 1878—against the provings of *Carbo vegetabilis*. One is tempted to sarcastic reflections, in making the review. The sugar developed a vast array of symptoms, and these have been supposed to vitiate the authenticity of drug-symptoms in proving, since so much is thus demonstrated to be fanciful. But hold! may not this be a case of “Sartor resartus?”

In 1883, at Niagara Falls, Prof. J. Edwards Smith, of Cleveland, reported on the joint examinations made by Prof. N. B. Wood and himself, upon the purity of milk-sugar, as obtained from the various pharmacies. It was thereby proved that this so-called “inert” substance is the constant vehicle of inseparable drugs, particularly of *Ferrum*; often of *Lime* and *Silica*; sometimes of *Alumina* and *Magnesia*; and in quantities sufficient to make the 3x to 6x attenuations. This famous “control-test,” therefore, does but show an honest *drug-proving of sugar of milk!*

Concerning the future provings of our school, I confess that I am most interested in those powerful drugs which the old-school pharmacists are constantly placing before us, as analgesics, antipyretics, somnifics, etc., also the cardiac medicines, *Strophanthus*, and its relatives; *Bromine* and its salts; *Hydriodic acid*, a drug of great promise in chronic universal rheumatism and naso-pharyngeal catarrh; *Cascara* (*Rhamnus purshiana*), etc.

J. P. SUTHERLAND, M.D.: I have only one word to say to you. It seems to me that the question before us to-day is not what shall

we prove, neither how shall we prove it, but what shall be done with the provings that have been made? That seems to me to be really the question that ought to be discussed this morning. Before we take a step farther, we ought to have a good solid foundation beneath us from which to take that step. We have heard several eminent physicians, Hughes, and Allen, and Dake, and others, raising their voices in criticism and in suggestion of the best methods of making provings. I want to emphasize this morning the value of the principles brought up by Dr. Wesselhœft, namely, the principles of repetition and corroboration. Provings must be repeated and repeated, and the symptoms which occur must be corroborated again and again before being accepted as symptoms to be relied upon in the treatment of the sick. This is what modern science says, and although some present may object to some of her methods, we must be guided by her rules in the study of drug pathogenesis as in the study of anything else that is to be considered scientific. We are told by some that they believe in attenuation, others that they believe in dynamization, and still others that they believe in infinitesimals, etc. According to my idea, belief has nothing to do with settling these questions. What we want is a *knowledge* of drug action. Some say that if we adopt certain rules of critical analysis, such as have been suggested by Dr. Wesselhœft, we thereby emasculate our *materia medica*. Possibly so, but can this be established before putting the rules to actual test? Every one of these points has been taken up and discussed tersely by Prof. Wesselhœft in his paper which has just been read, in which it is pointed out that the question of drug-proving, and that of revision of our *materia medica*, are practically settled by the same method. To my mind the method is a reliable one, but little can be gained by simply discussing it. A study of *Belladonna* has been made on the principles advocated, and appears in the *New England Medical Gazette*, copies of which are here accessible. I would ask the members to look at that article and read it through carefully, and no longer say "I believe" or "I don't believe," but point out its defects and how to remedy them. For it is only by actual experimentation that we can demonstrate the truth or falsity of the principles advocated. One such example is worth hours spent in argument.

M. W. VAN DENBURG, M.D.: I wish to occupy but a very short time, and to speak of the *materia medica* of the past as well as of the future. I suppose we have been relying, up to the present time, upon provings made in the past, and we have had some success. What the future may do for us is problematical; it may accomplish a great deal, and it may not accomplish as much as we hope, nor as much as the theorists expect. What, then, has given the reliability to *materia medica* of the past? It is not the method, because we are all finding fault with the method. We want a better method; we

must have it. What, then, gives reliability to the *materia medica* of the past? It has already been said here that not every person is able to be a prover; that not every person is able to register provings; and this is the secret of it: not every person is able to register provings. You may lay down your scientific rules, and I am heartily in sympathy with them, but, I tell you, you will never lay down a set of rules under which *every person* can record provings. That is out of the question. It is more a matter of mind and the judgment and ability to see through a thing, than any set of rules that you can make. You need Hahnemann's provings. He tore them up and threw them away, and I think most of us would swear pretty positively by Hahnemann's *Materia Medica* and his recorded symptoms. And why? Because the man had the ability to record the symptoms; he could see through them, and knew what to put down. And the *materia medica* of the future, if it is going to be purified, is going to be purified by the men who record the provings. Not every one of us is equal to it; I am totally incompetent to do it, and I know it. I wouldn't trust myself to relate provings any more than I would trust myself to prove drugs. I could get symptoms from *sac lac* as well as from a dose of a drug. I am one of the unreliable provers. It is the ability and tact of our provers to which we must look for the purification of the *materia medica*.

DR. COWPERTHWAIT: You might have supposed, from the manner in which I opened this discussion, that I was going to tear the paper all to pieces. Such was not my intention at all. I understood that I was to discuss it as I went along; and now what I was going to say has already been said half a dozen times over by others. As for Dr. Hughes's paper, I don't see anything to criticize. I only wish it were possible for us to unite upon the practical, liberal, and eminently just fashion of conducting provings as laid down by Dr. Hughes. But, unfortunately, there are some that are so imbued with modern methods that sometimes they are inclined to go a little too far; and while I would cordially agree with Dr. Wesselhøft and admire his work, I must say I think he goes too far as to what he thinks the future provings should be. Now, for instance, we should retain only those symptoms that agree pathogenetically, and, in another case, all symptoms must indicate some recognized pathological state. Where would we land? The great danger to homœopathy to-day is this tendency to pathologize our *materia medica*. What do we know about pathology as compared with what we know about symptomatology? And the great body of our *materia medica* to-day is symptomatological and not pathological. If you cut down our symptomatology, what have you left? You can't cure anything with pathology. Cut down the symptoms that are proven to be unreliable just so far as you know what you are doing, but do not cut out

every symptom because you have failed to recognize it in some pathological state; for if you do you will very soon wipe out your *materia medica*. Our essayist has said that we should depend to some extent upon provings made upon animals. Now, if that ever is done, it should be conducted with considerable discretion, and be very careful, because we already know that some drugs affect animals and human beings differently. Dr. Magendie gave Tartar emetic to a dog, and the dog died. I expect he was very sick and very glad to die. But when this learned doctor opened this dog and found that his lungs were hepatized, he instantly argued that Tartar emetic is good for hepatization of the lungs, and so the pathological wing of our school have ever since maintained. So far as the susceptibility of the prover is concerned, I do claim that there is a vast difference between one prover and another in regard to the same drug. I have tried it over and over again. I do not believe it is fair to bring up the Cactus, as Dr. Wesselhoeft has done, or Helonias, as Dr. Allen has mentioned, because that undoubtedly is very variable in its effects. Some may take it by the pound and have no more effect than a few drops of it would have with others. When you do away with this susceptibility to drug-action, you do away with one of the bulwarks of our *materia medica* and of homœopathic drug-action. You never get exactly the same circumstances and conditions in provings, therefore you cannot always expect the same results. The paper says that drug-effects will cease long before the actual limit of matter is reached. I don't believe it. I tell you what it is, belief may not have everything to do with it, but it has a great deal to do with it, and belief is all that we have had until to-day. What homœopathy has done in the past, it will also do in the future. Make your provings correct according as we have been taught by Hahnemann, and you will find that the drug-effects will not cease before the actual limit takes place in drug-matter. We do not know where that limit is. We don't know, and microscopists of to-day are not quite scientific enough to tell us. The day is coming, possibly, when your children or your great-grandchildren and mine, if they are practicing medicine, may be able to establish the limit to matter. We are far ahead of Hahnemann's time, but we haven't got there yet. We have never yet deviated from the laid-down positive rules of Hahnemann as he gave them into our hands, that we have not been sorry for it afterwards, and been obliged to acknowledge that we had made a mistake.



## THE PHARMACY OF TRITURATIONS.

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THE word trituration (from *tritus*, a rubbing) applies to the process of reducing a solid substance to a powdered state by grinding or rubbing. In pharmacy it is applied to a class of powders made with Sugar of milk as their diluent in the proportion of one part drug to nine parts or ninety-nine parts of sugar, or to further attenuation, made with Milk-sugar in corresponding proportions.

This form of preparation was originally employed by Hahnemann as a method of developing and regulating the medicinal power of insoluble substances used as drugs, by a process of comminution and attenuation. It was a form of preparation peculiar to homœopathic pharmacy, and used exclusively by this school until the year 1880, when it was added to the *United States Pharmacopœia* as a distinct class of preparations, although but a single officinal triturate is recognized—that of Elaterin, made in the proportion of 1 in 10. Hahnemann, in his work on *Chronic Diseases*, vol. i., p. 183, gives a full and complete description of his method. Given in brief, it is as follows:

To a grain of the drug add thirty-three grains of Milk-sugar in a porcelain mortar. Mix well with a porcelain spatula and triturate for six minutes, and then scrape from the sides and bottom of mortar for four minutes. Again triturate for six minutes and scrape for four minutes, completing the first stage. Add another thirty-three grains of sugar, and triturate and scrape as before for another twenty minutes, completing the second stage. Then add a third mass of thirty-three grains of sugar and complete the trituration by grinding and scraping, as before directed, for twenty minutes. This is equivalent to thirty-six minutes' grinding and twenty-four minutes' scraping of the entire mass.

Hahnemann's method has been somewhat modified and improved.

It was found that the addition of so large a proportion of sugar at one time (thirty-three grains to each grain of medicine) rendered it more difficult to subdivide the drug-particles, and the decimal system was, therefore, adopted at the suggestion, it is supposed, of Dr. Hering, and it is to-day the rule, with but few exceptions, to prepare this form of attenuation in the proportion of one in ten.

The directions given in the *British Homœopathic Pharmacopœia* have still further improved the methods of manipulation. They require the use of equal parts drug and sugar in the first stage of triturating, then increasing to three parts of sugar in the second stage, and, finally, five parts in the third. This method has given us better results, as a surplus of sugar in the first stage certainly retards comminution.

The process of trituration, therefore, consists in first weighing the substance to be triturated and Sugar of milk separately; then place the substance, previously reduced to a fine powder, in a mortar. Add to this an equal quantity of Sugar of milk, thoroughly mixing with a spatula, and triturate by a steady, circular movement, using force depending upon the quantity contained in the mortar. When thoroughly triturated, add more sugar from time to time until the whole is added, and continue the grinding process, occasionally stopping to scrape the triturate from the sides and bottom of the mortar and pestle with the spatula, until the substance is finely and satisfactorily comminuted.

The foregoing description applies only to the preparation of triturations by hand, which must necessarily be the method employed by the physician and the pharmacist whose business does not warrant the use of machinery.

The increased demand for triturations, occasioned not only by the growth of homœopathy but by the fact that physicians of the different schools are fast beginning to recognize the merits of this form of preparation, together with trade competition, has forced pharmacists to call in the aid of machinery in their manufacture. A number of machines have been invented for this purpose, most of them having the usual style of pestle—some employing the single pestle with the circular movement, similar to that used by hand; others employing several pestles with rapid movement, and covering much surface in a limited time; some using heavy pressure, while others but little.

It matters but little, however, what means are employed, so long as the triturate is satisfactorily made and the methods employed properly protect the substance from foreign matter, and also provided the mill can be properly cleaned.

The triturating process should be conducted in a room kept perfectly clean and free from dust and odors. It is of great importance that the air should be dry, as Sugar of milk is very absorbent, and will, in a limited time, absorb from the atmosphere some two per cent. of moisture. Perfect cleanliness cannot be too strongly insisted upon. The mortars and pestles must be kept absolutely clean. They are best dried by evaporation and by the aid of artificial heat. Separate mortars should be provided for all substances which cannot be thoroughly removed by solution or volatilization, such as *Carbo vegetabilis*, *Carbo animalis*, *Graphites*, etc. Hygroscopic substances should be triturated in a warm mortar and at a warm temperature.

This leads us to the consideration of the implements used. Triturations, whether made by hand or machinery, are still produced by the exclusive agency of mortars, pestles, and spatulas, and their motive power. Mortars and pestles are made of iron, glass, marble, porphyry, porcelain, and wedgewood. Iron and glass are of value for certain pharmaceutical work, but totally unfit for the preparation of triturations; marble is much too soft in texture, and porphyry, which includes agate, is so expensive a material that the mortars are made much too small for effective work.

Porcelain and wedgewood are the materials almost exclusively used, the finer qualities of each being admirably adapted to this work. They are hard and dense in texture, practically non-absorbent, and their unglazed surface aids in comminution. Still, it is well to consider the fact that there enters into their composition a number of substances which are used as drugs, all of which must find their way, to a greater or less extent, into our triturations through the long-continued grinding process on their surfaces. The porcelain mortar is, perhaps, the more objectionable of the two, for the reason that it contains a much larger percentage of alkalies, chiefly potash, and possibly a trace of iron and phosphorus, together with its necessary constituents, alumina, silica, and lime. Further, it is not as hard as wedgewood, and must, therefore, more readily yield to the grinding process.

Wedgewood—which is, in fact, a class of porcelain—is much

harder in texture. It is made from a plastic, slightly-refractory clay, kaolin, and Cornish stone, the latter in the proportion of half the whole weight of the composition. None of these constituents necessarily contain alkalis, and, if present, it is in much less quantity than in porcelain. Iron is not necessarily present, but one of our leading potters in this country informs me that all the clay from which this ware is made in this country contains traces of iron.

Hahnemann directs the use of unglazed porcelain mortars, or, if glazed, ground to an unglazed polished surface by rubbing with wet sand. This latter provision would seem to indicate that mortars used in his day were not made of such hard and dense material as those now in use.

Most pharmacopœias of the homœopathic school demand the use of either porcelain, ivory, or bone spatulas, and exclude the use of steel. There is reason to question the wisdom of this requirement. When we consider that porcelain contains a large percentage of alkalis as well as a possible trace of iron and many other substances used as drugs, and that ivory and bone must also contain, in addition to lime, animal matter containing many elements medicinal in nature it would seem that the steel spatula is less objectionable, particularly as steel is harder than any of the other substances named, and being also thinner will accomplish the desired work in much less time, consequently, a less quantity of this foreign matter will be transferred to our triturations by its use.

Sugar of milk. This substance is used exclusively as the vehicle in the preparation of triturations. It was selected for this purpose, first, because its crystals are hard and peculiarly adapted to aid in comminuting drug-particles; second, because of its being devoid of all medicinal action; third, because of its ready solubility. It is prepared for the market in varying degrees of fineness and purity, from coarse granules, known as prescription sugar, to the finest powder. Formerly, the coarser sugar was more commonly used in the triturating process because of the supposed aid of the coarse crystals in subdividing drug-particles, and where the drug is coarse or ductile, or difficult of comminution, this is certainly the most desirable grade to use. For most substances, however, if the drug be properly prepared and finely subdivided before the sugar is added, it will be found that a medium or moderately fine sugar will give the best results.

Some pharmacists use a very fine powdered milk-sugar. This grade is extremely bulky, a single pound if placed loosely in a bottle occupying very nearly the space of two fluid pounds. If this grade is used, a simple process of mixing or a few minutes grinding, will yield a triturate which to a superficial observer is apparently satisfactory, because of its bulk and extreme fineness it answers all ordinary tests, but does not secure the actual comminution of drug-particles which is desired. We should therefore understand that the absence of a gritty sensation, by the simple test of rubbing a portion between the thumb and finger, is not a sufficient evidence of the quality and perfection of the preparation.

This brings us to one of the most important parts of our subject, the selection and preparation of the crude drug.

In selecting the drug the greatest care should be used to obtain the *exact* substance desired. Particularly does the necessity for this word of caution apply in obtaining chemical salts, as our present obscure and misleading nomenclature renders it easy to be led into error. It is, in fact, sometimes even difficult to decide whether an Arsenite or Arseniate is called for by the name of the medicine as expressed in our literature, and physicians very commonly err in the use of "ate" salts where the "ide" are intended. For instance, Zincum phosphoratum, our present name for Zinc phosphide, is very frequently interpreted as calling for Zinc phosphate.

Chemically pure salts should be selected, and these, where possible, from the most reliable manufacturers, such as Morson & Sons, Merck, Squibb, and others. With a few exceptions, it is folly for the homœopathic pharmacist or physician to attempt to make his own chemical drugs, as he has not the facilities for producing salts which can be compared in the scale of purity with the products of the laboratories of these noted chemists.

In purchasing an article to be used as an agent in the cure of disease, the question of price should not be considered as a factor, as the purest possible to obtain is none too pure for homœopathic medicines. A pound of Bichromate of potash can be purchased for fifteen cents, the same quantity of the chemically pure article will cost perhaps one dollar, yet, strange to say, but few druggists find a market for the higher-priced article.

A matter quite as important as the selection of the drug, is its preparation for trituration. It should, whenever possible, be finely

pulverized before any portion of the sugar is added, as the drug can in many cases be brought to a fine state of subdivision much more readily without the presence of another material. This is especially important in the treatment of insoluble substances.

Formerly, the fillings or the leaf of metals were used until it was found that the precipitates gave better results, affording a much finer drug at the start, thus requiring less trituration. The use of the precipitates was first introduced by Gruner.

Of late, we have found that to obtain a perfectly satisfactory trituration of many of the metals, more depends upon the selection or preparation of the precipitate than upon the most faithful attention to the triturating process, for the reason that the use of a precipitate containing particles ranging in measurement from  $\frac{1}{2000}$  of an inch and finer, will require vastly more work in further subdivision, than if we start with a precipitate the largest particles of which measure but  $\frac{1}{2000}$  inch. To illustrate, a trituration made from a coarse precipitate of a metal, and faithfully ground for many hours, will not yield as good results as the simple combination of a fine precipitate with the requisite amount of sugar triturating for only a sufficient length of time to intimately mix them.

These facts show conclusively that with a certain class of insoluble substances, which substances it is of the greatest importance to reduce to the finest attainable particles in order to render them effective as medicinal agents, it is our first and most important duty to properly select and prepare the crude material before undertaking the process of trituration.

Certain drugs are best prepared by the process of levigation, which consists of forming the crude drug into a paste with water, and triturating either in a shallow mortar or on a flat surface of stone.

The use of a fine hair sieve to separate the coarser particles is also of value.

With soluble substances it is not of such great importance to reach that fine state of subdivision, as they are readily dissolved in the fluids of the mouth or stomach. Still, it should be our effort to do effective work here also, particularly as it enables us to insure accuracy of dose in triturations above the 3x. For instance, a single large particle present in a grain of the 4x, containing 1 part in 10,000, will make this grain much stronger than it should be, possibly stronger than a grain of the 3x, containing 1 in 1000. Most of you

have undoubtedly seen this practically illustrated in a powder or tablet of *Nux vomica* or *Ignatia* 3x, provided they were made directly from the bean, and not from a tincture. Both of these substances being very difficult of subdivision, one of these powders or tablets will frequently taste very much more bitter than others, showing the presence of one or more large particles of the drug.

Hahnemann devoted thirty-six minutes' grinding and twenty-four minutes' scraping to each trituration, without reference to the nature of the drug, and leaves it a question as to the quantity used. He specifies one hundred grains, but doubtless prepared his trituration in larger quantities than two drachms.

The *British Homœopathic Pharmacopœia* directs that the first decimal shall be triturated for sixty minutes, that is, thirty-six minutes devoted to grinding and twenty-four minutes to scraping, and that for an amount not exceeding one thousand grains (about two ounces). For the second decimal and higher attenuations it allows forty minutes for the same quantity. This is a sufficient length of time in the treatment of most soluble substances, but entirely inadequate to properly reduce most of the metals, particularly those that are soft and ductile.

As to the length of time necessary to devote to the triturating process, it would seem that this should be determined by the nature of the drug, whether it is soluble or insoluble, whether difficult or easy of comminution, and also as to its condition when prepared for trituration, whether extremely fine or coarse, as well as by the quantity of material contained in the mortar.

In examining the results of trituration, the microscope will give us valuable aid, although its field here is limited, as many of our drugs resist all attempts at examination when mixed with Milk sugar. It should be our guide, however, where possible, and what it reveals should determine when it has reached a satisfactory condition.

There are certain general rules which should guide us when the microscope is not available. The finished trituration, 2x and higher, should at least meet these requirements:

1. It should not give a gritty sensation when rubbed between the thumb and finger.
2. There should be no drug-particles visible, in diffused daylight, to the unaided eye or with a lens magnifying ten diameters.

3. By placing a small portion, *e.g.*, a fraction of a grain of the powder, on a glass slide and mixing with distilled water to dissolve the Milk sugar, on examination with a compound microscope we should not find particles of an insoluble substance that will exceed  $\frac{1}{2000}$  of an inch in diameter. A few exceptions, however, will have to be made to this rule, where the substance triturated is particularly difficult of subdivision on account of its malleability, pliability, or elasticity, such as Graphites, Plumbum, Aurum, Sepia, and *Nux vomica*.

The presence of a few large particles, however, should not condemn the triturate. The general field is the important point to examine. If properly made, the field will contain hundreds of small particles, these being the smallest subdivision of the drug possible to obtain by the process of trituration, measuring from  $\frac{1}{1500}$  to  $\frac{1}{3000}$  of a millimeter in diameter.

It has been my effort in this brief paper to call your attention to what seemed to me to be the essential points in the manufacture of triturations, of many of which our pharmacopœias make no mention. It has been the custom to believe that all that is necessary to obtain a satisfactory trituration is to devote a certain prescribed time to the triturating process. The facts here presented go to show that something more is necessary to obtain satisfactory results. In closing, permit me to concisely state the points which seem to me most important:

1. The selection of a mortar least likely to contaminate the trituration by its medicinal constituents.
2. The selection of a spatula, steel ordinarily being preferable.
3. The selection of the crude material.
4. The great importance of the careful preparation of the crude drug before triturating with the Milk sugar.

A careful attention to these points, together with the requisite work with the mortar and pestle, will, I believe, insure more perfect results than can be secured by simply following old-time tradition.



## *PREPARATION OF HOMŒOPATHIC TINCTURES.*

BY LEWIS SHERMAN, M.D., MILWAUKEE, WIS.

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TINCTURES may be defined as liquid preparations holding in permanent solution the medicinal parts of drugs containing insoluble matter. A solution contains, while a tincture only represents, the medicinal substance. Thus, we speak of a solution of Atropine, but a tincture of Belladonna.

The requirements and methods peculiar to the manufacture of tinctures for homœopathic use may be ranged under two general heads:

1. The tincture must represent the medicinal properties of the drug in their entirety, and each in due proportion.

2. The tincture must present no medicinal property which does not belong to the drug.

In brief, the tincture must tell the truth, the whole truth, and nothing but the truth. †

Thus, the tincture of Belladonna should contain in permanent solution and in proper proportions the Atropine, the Belladonnine, the volatile principles, the chlorophyll, the gum, and the soluble salts, but it may exclude the lignine, the starch, the albumen, and the insoluble salts. Moreover, it must be free from any trace or taint of the medicinal properties of any other substance.

The peculiar methods employed in the manufacture of homœopathic tinctures are intended and adapted to meet the aforesaid requirements.

They are based, not on the authority of the master, nor the traditions of the school, but on the principles of our art.

The identification of the medicinal substance includes the determination of its genuineness as to genus, species, and variety, and in some cases as to locality of origin.

The requirement of strength is to be met in part by obtaining the medicinal substance in the fresh state.

Some medicinal plants like *Pulsatilla* contain very volatile principles, which are lost even in the most careful drying. In such cases it is unquestionably necessary to use the undried plant. It is not known which, if any, of our medicinal plants have no volatile principles. Again, it is reasonably certain that in case of many, if not of all, plants, chemical changes or decompositions begin soon after the gathering, especially if there is comminution or bruising. It seems, then, that the surest course is to prepare the tincture from the undried material. Exception is to be made in case of imported materials like *Nux vomica* seeds, which have been proved and used only in the dried state.

The requirement of strength is to be met also by the use of the appropriate menstruum or solvent.

Thus, an alcoholic tincture of *Ergot*, or an aqueous tincture of *Thuja*, would be worthless because it would not contain the soluble medicinal principles of the plant, and could not represent these drugs in their entirety. The appropriate solvent varies with the nature of the medicinal principles, and must be separately determined for each medicinal substance. The determination does not require exhaustive chemical analysis in all cases. If a trial tincture containing equal parts of stronger alcohol and water is found to give a precipitate with water, but none with stronger alcohol, a stronger spirit may be necessary, and *vice versa*, a weaker spirit may be required.

The solvent must contain enough alcohol to prevent chemical changes in the extract. The proportion of alcohol necessary for this purpose may be as low as 5 per cent. or as high as 50 per cent., depending on the nature of the medicinal substance.

Finally, the requirement of strength is to be met by using a sufficient quantity of the menstruum to a given quantity of the drug, in order that the nominal drug strength may be the true drug strength.

It is assumed that in general ten parts of liquid can be made to represent perfectly one part of the solid material of the drug. Exceptions may exist, and should be carefully looked for.

The requirement of purity is to be provided for as regards the medicinal substance, the solvent, and the process of extraction.

The medicinal substance should be obtained by the pharmacist at first hand, or as nearly direct as possible.

The chances of adulteration, contamination, and substitution increase with every change of ownership, and with every new parceling and shipment. Plants should be taken, if possible, directly from the field, the forest, or the garden to the laboratory of the pharmacist.

Each kind should be kept in separate parcels, well protected from evaporation and contamination.

The alcohol should be as free as possible from fusel oil and other impurities. If necessary, the pharmacist should redistil it specially for the purpose. Distilled water is to be used in preference to hard water not only on account of its greater purity, but because it is a better solvent. Vessels, utensils, and apparatus should be as clean as it is possible to make them. A separate macerating jar and a separate stock bottle should be provided for and permanently devoted to each medicine. If percolators be used, a separate one should be devoted to each medicine, otherwise they should be so constructed that they can be readily and thoroughly cleansed. The greatest care should be exercised in all the details of the process of tincture-making to prevent contamination of any kind.

The desirability of a uniform standard of strength is unquestioned.

Heretofore there have been three methods of reckoning the medicinal strength of tinctures containing natural moisture.

Hahnemann took as the unit of strength the juice of the plant, and directed that the  $\frac{1}{100}$  dilution should be made with 2 drops of the tincture or essence (containing 1 drop of the juice) to 98 drops of alcohol.

Later, it was proposed to take the entire fresh plant as the unit, making 2 grain-volumes of the strong tincture represent 1 grain of the undried medicinal substance.

It is objected to both of these standards of measurement that since the drug-moisture bears no constant relation to the medicinal portion of the plant, the preparation must be of uncertain and variable strength. Thus, the Belladonna plant may contain as high as 91 per cent. or as low as 80 per cent. of water, according to the locality of its growth, the climate, the season of the year, the weather, the time of day, and the length and kind of exposure between the collection and the maceration. This gives a variation of 122 per cent. in

the quantity of solids in a given weight of the fresh plant, and no doubt a corresponding variation in the strength of the  $\theta$ .

The solids, on the other hand, bearing a more uniform relation to the medicinal constituents of the plant, make a safer standard for the estimation of the drug-strength of the tincture.

The authors of the *British Homœopathic Pharmacopœia* have taken a step in the right direction in making the solids of the plant the basis of attenuation, but we think they have erred in making the  $\frac{1}{10}$  tincture, instead of the drug, the unit of strength.

The *British Homœopathic Pharmacopœia* states, in general, that the first decimal attenuation of a mother-tincture corresponds in medicinal strength to the first centesimal attenuation of a trituration or a watery solution. By this rule, the attenuations of Ignatia, Nux vomica, Opium, etc., are about  $\frac{1}{10}$  as strong when made by dilution from the tincture as they are when made by trituration from the drug.

It is to be understood that the taking of the dry plant as a basis and unit of attenuation does not imply that the dried plant may be substituted for the fresh plant in the manufacture of the tincture, or that the water is to be removed previous to the addition of the alcohol.

It is sufficient to make allowance for the plant moisture by counting it as so much water in the menstruum. Thus, if the plant contains, in 500 parts, 400 parts of water and 100 parts of solids, after the removal of the water there should be added only so much liquid as will, with the 400 parts of water, make 1000 parts of liquid.

We prefer to measure all liquids used in the tincture-making by volume rather than by weight, because volume-measurements are far more convenient and sufficiently exact.

The volume lost by the contraction, which results from mixing alcohol and water, is to be restored by additions.

Thus, 500 volumes of water and 537 volumes of 94 per cent. alcohol are required to make 1000 volumes of the mixture. The restoration of volume may be made by the use of tables of condensation, but it is usually more convenient to make up the volume after mixing.

The process of extraction consists of comminution, maceration, and separation.

Class 4 comprised dried drugs such as Ignatia, Ipecac., Nux vom., etc., and to one part of the comminuted drug five parts of alcohol were added, and after eight or more days the tincture was decanted and filtered.

In accordance with these rules all mother-tinctures were prepared until, in 1840, Carl Gruner, of Dresden, brought out a new Pharmacopœia deviating from Hahnemann in that he divided the plants into three classes, of which Class 1 comprises the dried drugs which he macerates with alcohol for two weeks in the proportion of one part of the drug to ten of alcohol. His Class 2 comprises very juicy plants; to the expressed pulp, or magma, of these, alcohol equal in quantity by weight to the juice pressed out is added; after a few days maceration the alcoholic tincture is expressed and the two liquids, mixed and filtered, give the mother-tincture. His Class 3 is identical with that of Hahnemann.

In 1843 Dr. Buchner, of Munich, published a Pharmacopœia strictly following Hahnemann's precepts. His work is official in Bavaria to this day.

In the year 1872 Dr. Schwabe, of Leipzig, issued his Polyglott Pharmacopœia printed in five languages; he also followed Hahnemann's original directions adding remedies later introduced in their proper order. He omits all descriptions of plants and mode of preparing chemicals with the exception of such as are not usually found in old-school hand-books.

In the year 1882 the *American Homœopathic Pharmacopœia* was issued. This adopted Schwabe's compilation of Hahnemann's processes with few modifications. But this work gives in addition a full description of plants and mode of preparing chemicals, etc., thus rendering all references to old-school hand-books superfluous.

Several other Pharmacopœias were issued by Deventer, Caspari and others, but never secured general acceptance.

In 1870 the *British Homœopathic Pharmacopœia* appeared. This also gives a description of plants and tests for chemicals. In the preparation of medicines, however, a new departure is made, the compilers aiming at greater accuracy in tinctures. To this end it is required that a given quantity of a fresh plant be first thoroughly dried and weighed in order to ascertain the amount of water it contains, and then the alcohol to be added is to be so proportioned that each minim of the finished tincture represents one grain of the dried

plant or its soluble properties. This entails great labor and seemingly to no practical purpose. Why should our school imitate the allopaths in basing strength of tinctures on a certain proportion of the dried plant while using fresh plants whenever available? It is claimed that the English method is more accurate, but it must also be conceded that only a relative accuracy can be attained after all, for plants will contain varying proportions of extractive matter with varying seasons, and only a careful assay of the alkaloids contained in the plants, in each case, will insure accuracy. A more rational way would seem to be to base the strength of our tinctures on a certain proportion of fresh plants. This would be an improvement on the old ways in that a definite quantity of mother-tincture would be made out of a given weight of fresh plants. Naturally the tincture would vary somewhat in the proportion of juice to alcohol, for in a dry season plants are less juicy, or contain less water, than in a wet one. In practice, however, this variation would be of little or no moment. Or is there any one who will maintain that six drops of a tincture or dilution mixed with water and given in teaspoonful doses will materially differ in its effect from four drops in the same amount of water? And surely no greater discrepancy in strength need be apprehended; the identity of the plant, its proper habitat and the right time of collection being of chief importance.

It would seem, then, to be most practical and desirable that the future standard homœopathic Pharmacopœia direct that all fresh plant tinctures be made in such proportion that one or two pounds, as agreed upon, represent one pound of the fresh plant or part of a plant and that five or ten pounds of a dry plant tincture, as decided upon, represent one pound of the crude drug. This would give us a reasonably uniform strength and these simple directions would readily be accepted by all, while the complicated system advocated by the *British Homœopathic Pharmacopœia* would defeat this object. It would, in the writer's opinion, surely fail of acceptance on the Continent even if adopted here, as it is in England, and this is a point worth serious consideration.

Another consideration would be that country practitioners frequently find opportunity to gather herbs and roots, while driving through their districts, for making their own tinctures which, in accordance with above-mentioned rules, would be an easy matter, whereas few would go to the trouble to follow out the complicated

directions mentioned above, and so would either be led to make a tincture at variance with the Pharmacopœia or abandon the practice altogether.

Of the necessity of a standard homœopathic Pharmacopœia no two opinions can exist. For in a number of instances the present Pharmacopœias are even at variance concerning what part of a plant is to be used. Among a number of discrepancies it will be found that one work directs that the leaves and another that the rhizome of *Caladium seguinum* be used for making the tincture. One uses the leaves and another the roots of *Phytolacca*; one uses the whole fresh plant of *Passiflora* for tincture, another directs that the inspissated juice of the leaves be triturated, etc.

A homœopathic Dispensatory was published some years ago in the West which directs that all European tinctures, even *Pulsatilla*, be made from dried herbs and roots. Dry plant tinctures in this country cost less to make than the import duty alone amounts to on the imported fresh plant article.

The same work also recommends that a certain proportion of Cream of tartar be mixed with the sugar used in making pellets. Cream of tartar is used a good deal by confectioners; it "cuts" the crystals in sugar and is used to produce the deliquescent or cream candies. It also makes very smooth soft pellets, but its admixture to homœopathic pellets is altogether inadmissible and reprehensible.

Tinctures made from dry herbs are, as a rule, intensely green, and ignorance of this fact sometimes leads to misconceptions on the part of physicians. Chlorophyl, the green coloring matter of plants, is soluble in stronger alcohol which is generally used in making dry plant tinctures, while *Aconite*, *Belladonna* and other tinctures made from fresh plants in accordance with the homœopathic Pharmacopœia will invariably be a reddish brown.

A universally accepted Pharmacopœia would be of great assistance in regulating these matters.

#### DISCUSSION.

E. MELVILLE HOWARD, M.D.: The chairman has allowed me the remainder of my time for a few remarks: Allow me to say that I shall not presume in this presence, to discuss from a pharmacist's standpoint, the papers you have had presented to you by such authority. What I have to say upon this subject must be from a

physician's standpoint, and I call your attention in the first place to the fact, that both of these pharmacutists agree that Hahnemann was right when he adopted the fresh plant as the basis of tincture-making; all of their investigations and experiments have confirmed the original suggestion, so that there is no discrepancy in that direction. And let me say also that I consider the paper which you have listened to first by Dr. Sherman, to be the most complete, and the best exposition of the whole subject of tincture-making, of anything that I have seen presented to our profession; I think it is a paper that will bear our closest reading; I want to say that before I take up any point of criticism. Now, you will notice that Dr. Sherman and Mr. Tafel disagree first as to the basis of tincture-making. Dr. Sherman advocated the dried plant basis as adopted by the *British Homœopathic Pharmacopœia*, while Mr. Tafel objects to it, and claims the basis of tinctures should be the fresh plant. From a physician's standpoint I am sure that I must agree with the first paper; certainly accuracy is much more nearly obtained by basing our tincture on the dried material, than on the fresh material, whenever it is possible, as Dr. Sherman has pointed out. When there are differences amounting to 122 per cent. in the extractive matters in different plants there is a difference in the amount of moisture, which becomes an important point to look to. On that account alone, if for no other, I believe that the profession will indorse that feature. Regarding the other point of disagreement, namely, that the basis of measurement is made according to one by volume and to the other by weight, I will leave to the profession to decide, as I think perhaps it is not so very important a matter. But I must claim that from a physician's standpoint the strictures which Mr. Tafel makes regarding the complicated methods of the *British Pharmacopœia* do have weight. Simplicity, in so far as it can be obtained without sacrificing accuracy, ought to be aimed at in our tincture-making, and that would lead me to criticise the definition of a tincture as given by Dr. Sherman. I know that there have been a great many attempts to give a definition of a tincture. It seems to me that what we want in a tincture is not so much a uniform scale or grade of solution that shall apply to all plants, as it is that we shall obtain in a tincture the strongest possible solution in a stable form of the medicinal properties of that drug. Therefore, I would propose as an amendment to the definition of a tincture which was offered at the beginning of Dr. Sherman's paper, the following: that a tincture should be the strongest possible permanent solution of all the medicinal parts of a drug. It seems to me that Dr. Sherman's criticism as to the one to ten unit of strength as adopted by the *British Homœopathic Pharmacopœia*, is not well taken. Certainly in the making of dilutions the unit of strength as adopted by them, will lead to no errors; it will be misleading only in the



light of a definition such as I have given. It seems to me then, that in the future we should aim in tincture-making at simplicity, not at uniformity, and that we should determine the strength of the tincture for each individual plant; and when we can do that, and get the strongest possible permanent solution of any given plant, then we are prepared to make dilutions from it, and we are in better shape than we can be with a uniform scale.

T. C. DUNCAN, M.D.: I do not know why I should be called upon to discuss the question of our pharmacy and triturations, except perhaps it was known that I was a silent partner of a pharmaceutical firm years ago, and we published a pharmacopœia. What I may say is no advertisement (laughter.) I am now only a private practitioner, and look upon this subject as every other physician should, that it is one of deep interest to us all. The pharmacist is our assistant, our servant, if you please, and we expect him to be faithful and true. We must depend upon his reliability and honor. Life is at stake and the trust is a most important one. The paper which I am called upon to discuss is also a most valuable and important one. It is well written and shows deep thought and carefulness, such as we would expect in the pharmacist. If carefulness is expected of the physician, how much more should that care and attention be demanded from the pharmacist upon whom the physician depends for the very things with which to combat disease? If the work of the pharmacist is imperfect or untrue, then the physician's best skill is nugatory. Wherefore the only point I want to make is by way of exception, namely, that the remedies shall be prepared by the same method as that followed in the original proving. We as physicians depend upon the symptoms of a certain drug prepared in a certain way, and if in a patient we find those symptoms, and give the same named drug but prepared in a different way, so different in short as to be practically a different drug, then we cannot hope to have the effect which the original drug produced. Prepare Hahnemann's remedies as he prepared them, but modern remedies, especially chemical remedies should be prepared according to modern scientific methods. The pharmacist, like the printer, should "follow copy." I am annoyed, as perhaps you are, at the innovations that allopathic chemists are trying to thrust upon us under the name of "improved methods."

DR. HUGHES: The *British Homœopathic Pharmacopœia* has been several times mentioned by the gentlemen who have read papers upon the pharmacy of tinctures and triturations; and I would just like to say something about the essential principle adopted of making tinctures there. I take it that our object is, while adopting the many improved methods of modern pharmacy, nevertheless to make tinctures that shall represent as nearly as possible those in use by Hahnemann and his immediate followers, by means of which homœo-

pathy met with such signal success, and which were employed in the cures that are on record to this day. In the case of all plants yielding sufficient juice, this was expressed from the plant by Hahnemann to make his mother-tincture. It has been considered better now-a-days in preference to simple expression to resort to maceration and percolation; still the result should be the same. We ought still to have an initial solution of the soluble matter of the drug from which to start in attenuating; but as prepared by expression that must vary very much in strength. The *British Homœopathic Pharmacopœia* has adopted the one-tenth strength; accordingly its mother-tincture is a solution of the soluble matter of the drug in the proportion of one to ten, and as nearly as possible represents Hahnemann's mother-tincture, and the first decimal dilution is prepared therefrom. In Basle a committee was appointed to see if we could not have an International Homœopathic Pharmacopœia. The German representative of the committee (Dr. Giesecke, of Grüner's firm in Dresden), is willing to join with the Englishmen; but he says: "our chief customers are the Americans, and they wish a different plan followed." The report of the committee is, therefore, that they cannot agree as to the nomenclature of attenuations prepared from tinctures, and must ask to be dissolved. This is surely a thing to be lamented. And what is the American peculiarity,—to be perpetuated, as I understand, in the pharmacopœia now preparing under the auspices of the Institute? It is to introduce for the first time in our history, uniformity between the scale of triturations and tinctures; that as the former begin with the crude insoluble drug, the starting-point of the latter should be the soluble matter of plants. Your first decimal then will correspond with our mother-tincture, which is about the same as Hahnemann's. Hence, your clinical records will be hopelessly out of correspondence with those obtained in the early history of homœopathy, and with those of England, France, and other countries now. Could you not see your way to adopt the scale of the *British Homœopathic Pharmacopœia*?

J. H. McCLELLAND, M.D.: I don't profess to know a great deal about pharmacy, but I appreciate the position of Dr. Hughes and I appreciate the position also of the American homœopathic profession when it comes to a pass like this. We were taught in years gone by to regard the strongest tincture made in the usual methods of pharmacy, as described and advocated by Dr. Howard, as the basis for our dilutions, and you can imagine the mix we are in when we discover that that which we have been in the habit of calling the tincture is now the first decimal dilution, or, indeed, the third, in some instances. This is the plan adopted by some of our pharmacists to even up the strength-measure of our drugs. It is an absurd method, because there is no such way of levelling up the strength of all drugs; each drug ought to be a law unto itself. That is to say, let us take

the strongest preparation of the drug as heretofore, as a foundation for our dilution, and then we will know what we are about. Now if you call for Boericke & Tafel's first of *Nux vomica* you get what we used to call the tincture, and if you ask for *Phosphorus* third, you will get the preparation which you formerly knew as the tincture. Recently there was a case came to my knowledge in which a fatal issue was undoubtedly produced by that very method of pharmacy. A homœopathic physician had ordered the first of a drug, and the mother-tincture, as the profession understands it, was given, and the patient died—absolutely poisoned. This condition of affairs is simply absurd; it is overturning our whole idea of pharmacy—our whole teaching and training in pharmacy, and it is not understood, I venture to say, by one physician in twenty. Now the third of *Phosphorus* we used to consider the third dilution from the strongest solution of *Phosphorus*; but you go to Boericke & Tafel's and ask for the third of *Phosphorus*, and they will give you what we formerly supposed was the tincture. The whole thing is mixed up, and must necessarily confuse us in the exhibition of our drugs. I really do think it is high time that some action be taken by this international body which would lead to a solution of this serious difficulty, and I hope that the suggestion of Dr. Hughes will meet with a hearty response by this body. Let us have methods of pharmacy, or at any rate, of notation, that are understood by the profession and understood the world over.

LEWIS SHERMAN, M.D.: It appears that some of the gentlemen who have taken part in the discussion are not familiar with the pharmacopœial writings of Hahnemann nor with the pharmacopœias which have been published since his time. In the case of fresh, juicy plants, Hahnemann regarded the plant-juice as the unit of attenuation, while, in the case of dry medicinal substances, he regarded the drug itself as the unit. The tincture was never taken as a basis. Thus Hahnemann's essence of *Belladonna* was made by mixing one part of the expressed juice and one part of alcohol, making two parts of tincture representing one part of juice. To make the  $\frac{1}{100}$  dilution, he added to these two parts of tincture ninety-eight parts of alcohol, making one hundred parts of liquid representing one part of *Belladonna* juice. Again, in prescribing the rule for dry substances, like *Nux vomica*, he directs that one part of the seeds be macerated with twenty parts of alcohol, forming a tincture having a drug strength of one in twenty. To make the  $\frac{1}{100}$  dilution, he directs twenty parts of this tincture to eighty parts of alcohol, making a preparation which represents in one hundred parts one part of *Nux vomica* seeds.

This same principle is followed in all the homœopathic pharmacopœias from the time of Hahnemann to the present, with one exception,—namely, the British,—which has introduced source of discord

by making some of the dilutions only one-tenth as strong as the corresponding triturations. The action of the Institute, taken two years ago, instructing her pharmacopœial committee to make the dilutions as strong as the triturations was intended to restore harmony and uniformity.

Some physicians of the homœopathic school who have not had access to the writings of Hahnemann or to homœopathic pharmacopœias, have fallen into the error of regarding the tincture (popularly called the mother-tincture) as the proper unit of attenuation. This is a dangerous mistake. The case related by Dr. McClelland reminds me of one which came under my own observation, which came near having a fatal result. I was called by a physician in consultation, to see a child which was suffering from anorexia and general debility. The face was pale and the eyelids puffy. I suggested *Arsenicum* as the homœopathic remedy.

"Why, that is what I have been giving all the time," said the doctor.

"What strength?"

"The first decimal."

"Then stop it at once, for you have a case of arsenical poisoning."

"Well, I have always given the first, and never had any such trouble before."

"How do you prepare it?"

"I bought it at your pharmacy, but this is the first time that I have used it in trituration. I have always before bought the tincture and made the first myself by diluting the tincture or Fowler's solution with nine parts of alcohol."

"Well, that would make the third decimal dilution,— $\frac{1}{1000}$ ,—for the homœopathic solution is  $\frac{1}{100}$  and Fowler's solution  $\frac{1}{120}$ ."

This illustrates the danger of making the tincture the basis of attenuation. The tincture of *Nux vomica* made by one pharmacist may be  $\frac{1}{100}$ , by another  $\frac{1}{10}$ , by another  $\frac{1}{5}$ , and by another  $\frac{1}{2}$ . There is no reliable standard except the drug itself.

The American Institute of Homœopathy has wisely instructed her pharmacopœial committee to make the dilutions of the same strength as the corresponding triturations, and this the committee has done without a word of dissent from any quarter.

I wish to add a word in regard to a suggestion of Dr. Howard in the discussion of my paper on the "Manufacture of Tinctures." The doctor proposes that, instead of making the tinctures all of the uniform strength,  $\frac{1}{10}$ ,  $\frac{1}{100}$ , and  $\frac{1}{1000}$ , we make each tincture a law to itself, and introduce intermediate strengths, as  $\frac{1}{2}$ ,  $\frac{1}{3}$ ,  $\frac{1}{4}$ , and so on. Aside from the inconvenience to physicians from having so many different formulæ for dilution, there is a pharmaceutical objection, to wit, even with the best of care, a portion of the alcohol will evaporate from the tinctures in keeping. If the strength of the tinct-

ure is near the saturation point for some of the constituents, these constituents will be precipitated and the quality as well as the strength of the tincture will be changed or impaired. We think that the strength of  $\frac{1}{10}$ th, besides being convenient for attenuation, is, as a rule, about as strong as it is practicable to make a good-keeping tincture.

PEMBERTON DUDLEY, M.D.: It seems a little singular why it should be so necessary in the practice of medicine to have our dilution represent an exactly given part of the soluble drug, and why it should not be necessary that a tincture—also used in practice—should be indifferently composed. Moreover, I think it will be found that seventy-five per cent. of the profession have attached a numerical value to the first dilution, based upon the value, or strength, of the tincture from which the dilution is made. I firmly believe that seventy-five to ninety per cent. of our physicians are practicing to-day with that idea in their minds. They are self-deceived, or else they are being deceived, and in either case they ought to be set right, and it can't be done too speedily.

J. P. DAKE, M.D.: We are not all looking at the same thing. There is evidently a great difference in what we would call tincture. We may have a tincture which is twice the strength of another prepared from the same plant. For that reason it is the duty of the pharmacist to act upon some basis of strength.

DR. CHURCH: The one point necessary is that the pharmacist shall mark what he sells, so that we may know what we are using.

(At this point a motion was offered and adopted, referring the entire subject to the American Institute of Homœopathy. See page 215.)

*INDEXES AND REPERTORIES.*

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THE need of a ready reference to our *Materia Medica* has increased *pari passu* with the growth of its symptomatology and has not yet been perfectly satisfied, though numerous attempts have been made to arrange a repertory or index to suit the notions of different individuals.

In order to arrive at a clear understanding of the methods to be followed, we may profitably consider briefly what is required by the therapist who wishes to avail himself of the storehouse of information embraced in the various "provings" and cases of poisoning, for the purpose of practicing homœopathy. The difficulty of readily utilizing this valuable material is constantly deterring physicians from the practice of homœopathy and it is of the highest importance that a feasible method of indexing our material should be adopted.

Two lines must be followed by the successful practitioner, one a search of the *materia medica pura*, the other a search for verifications of its symptoms in practice, which includes a review of the clinical experience of all homœopathists.

*As Regards the Materia Medica Pura.*—Homœopathy requires a comparison of the symptoms of the patient with those of drugs which have produced symptoms similar to those of the patient and the administration of that single drug which exhibits the greatest number of similar symptoms, or, if not the greatest number, still a number of symptoms which carry weight by reason of their having been verified previously in practice. It would be out of place at this time to discuss the relative value of symptoms, but there seems to be no doubt that clinical experience with symptoms largely influences every one of us in the selection of a remedy and will continue to do so. An appeal to experience is bound to be final as regards the value of symptoms, and this must be taken into account. Again, as regards the *materia medica pura*, it is clear to every critical student of

our symptomatology that numerous symptoms have been regarded as genuine drug-effects which cannot be accepted as such. These illusive symptoms will continue to creep into our provings, *they will not down*; they cannot be eliminated; they are the natural results of drug-proving and they must be indexed as well as recorded. These symptoms are not alone the outcome of drugs, or dilutions which are tasteless, but still more the result of substances which taste. We cannot afford, at present, to sift out isolated symptoms and so eliminate much that is valuable with some that is valueless; they must both remain for the test of experience, or till our pathogenesis shall have fully exhausted its possibilities by long series of provings.

Again, as regards our *materia medica pura*, it is true that few of our pathogeneses can be said to be complete, especially as very few provers have properly observed and recorded their symptoms. (I find it impossible to avoid the closest cross-examination of every one of the provers in my laboratory of experimental pharmaco-dynamics and hesitate to accept reports that are not presented at short intervals, in person, by the provers. Bönninghausen has truly said that in this respect (the incomplete as well as faulty record of symptoms) we are obliged to supplement some symptoms by others, and indeed to supplement pure symptomatology by clinical experience.

Enough has been said to show that more than a simple index to the symptoms of our pure *materia medica* is required. Such an index certainly is required and the method of its construction is a matter of varying opinion. My own experience leads me to advise an arrangement of all symptoms, without essential abbreviation under various anatomical headings. It is quite unimportant to consider the size of the work. It will be consulted only in the library and may be issued in handy parts or volumes, which may be referred to as wanted.

Two broad principles operate in the construction of such a work, namely, the arrangement by regions and the arrangement by sensations. I would choose a combination of both. It frequently seems to me that a dormant *sensation* may be selected as the key to the remedy even though it may not have been observed by any prover in the particular part referred to by the patient; yet I fancy most prescribers confine themselves to the locality in the first instance, and failing to find the exact sensation required, look for an analogous

one. Another point which will be lost sight of almost inevitably in either the arrangement by locality or by sensation, is the *modality*. This I have learned to regard of first importance, and if a definite condition of any sort runs through the symptoms of a patient, I stand by that and do the best I can with the rest.

In conclusion from these premises I have advanced: First, the imperfection of the record; second, the need of clinical verification; third, the difficulty of arrangement; and, fourth, which I would add (a most important warning) that any sort of index or repertory *is not to be used as a substitute for or in place of the original records, but only as a reference*; I submit that of all plans which have ever been adopted, that of Boenninghausen is the best. It consists essentially of considering all symptoms to consist of three elements, namely, *locality, sensation and condition*. In my daily work I am constantly in want of knowledge of a condition of aggravation or amelioration. I find it in a moment, and as my eye glances over the list of drugs, one or two impress me and I refer to the *materia medica* for confirmation; or, I turn to a locality or sensation, or endeavor to combine all three, and study a drug or drugs found under every heading.

The objection is that one constantly makes new combinations and this must be off-set by the fact that patients also are constantly giving us new combinations and our provings are so limited that the *similimum* cannot be found in many cases, perhaps not in most cases. The chief discussion hinges, therefore (according to my view) on the possibility of taking the three elements of all symptomatology, (outside of variations of function) and grouping the drugs under them, and then for use, regrouping a symptomatology to correspond to that of the patient. Such a method is simple, compact, and has, I am bound to say, stood the test of large experience. I have worn out four bindings of Boenninghausen's *Pocket-book*, purchased in 1861, and have always found it convenient and reliable; I could not work without it; but there is frequent need to refer to some peculiar symptom as a unit, and for such a reference one must have in his library a good reference book to the symptomatology. No one so far issued is fully satisfactory, though the plan outlined above appears feasible. In such a work the pure pathogenesis should be distinguished from clinical symptoms, so that every person may judge for himself of the value of the reference.



*A DISCUSSION OF DR. HUGHES'S PAPER UPON THE  
PROPOSED INDEX TO THE CYCLOPÆDIA  
OF DRUG PATHOGENESY.\**

BY CHARLES S. MACK, M.D., ANN ARBOR, MICH.

I HAVE no question that Dr. Hughes is right in advocating a schematic, rather than an alphabetical index, nor do I question that he is right in wishing to construct the schema as far as practicable, upon an anatomical basis. He cites from Hahnemann's records an excellent illustration of the inaccuracies liable to mar a schema in which the anatomical basis is unnecessarily departed from; his citation is that in Hahnemann's schema "perspiration, instead of appearing as a function of the skin, always stands among the symptoms of fever, whether it was preceded by this state or not." While I thus far agree with Dr. Hughes, I think that his desire to adhere to an anatomical basis might at some points lead him to inaccuracies no less marked than that which he has just cited from Hahnemann. I question, for instance, whether Dr. Hughes's proposition to classify sleep under the *nervous system*, and fever under *circulatory system*, does not involve hypotheses which may at some time be disproved. I think that for the classification of these phenomena we should better maintain headings which do not imply the association of the phenomena with any particular part of the body; one of these headings might be *Sleep*,—the other, *Temperature, Rigors*, etc. I think it might be convenient to have, at the end of some schemata, a heading "*Other Effects*," under which to record phenomena not otherwise classified.

So far as anatomy in the basis of a schema it may be (and, I think with Dr. Hughes, should be) for some phenomena regional anatomy, and for others the anatomy of systems. It must be left largely discretionary with any man or men in constructing a schema

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\* For Dr. Hughes's paper, see *Monthly Homœopathic Review*, vol. xxxiv.

just how far regional anatomy, and just how far the anatomy of systems shall be used as a basis. Upon this subject I would offer a few general remarks and illustrations.

In favor of systems as a basis it may be observed that in some cases the whole of a system, in one part as well as in another of the body, is affected. Affections of the pulse may illustrate this; if the character of the pulse is what we would record, this may be observed at the wrist—at the groin—at the carotid or at the temporal artery—at the ankle—or elsewhere. The ejeta and the character of them would seem to be most satisfactorily classified under systems only.

In classifying some phenomena it seems desirable to use the anatomy of systems as a basis with a regional qualification; thus sweating (which I would classify, as does Dr. Hughes, under "*Skin*") may be confined to the head, to the palms of the hands, or to other parts. In some cases where the last-named method of classification would be possible, it would still seem best to classify on the basis of regional anatomy alone, because of the significance of the regional feature of the phenomena; thus flushing of the face might be classified under *circulatory system*, but might better be classified under *Face*.

While then I think with Dr. Hughes that we may with advantage use the anatomy of systems as the basis of classification for some phenomena, I think much may be said in favor of adhering to regional anatomy as the basis of our schema, where such adherence is feasible.

In favor of regional anatomy as the basis for a schema it may be said that, though it does not involve so precise a classification as does the anatomy of systems, neither does it involve some liabilities to error which are inseparable from a basis in the anatomy of systems. To illustrate: On the basis of regional anatomy alone, one may describe a pain in the lumbar region with confidence of making no error; but not with the precision we aim at when we ascribe it to the nerves, or to the muscles, or when we call it rheumatic and ascribe it to the blood, or when we ascribe it to the kidneys or to some other organs or tissues. But we all know perfectly well the lack of confidence we sometimes feel, when, in attempting to be precise, we ascribe such a pain to one or another of these organs or tissues—to one or another anatomical system.

The mere question: in what order shall the chapters of our schematic index be arranged? seems to me of minor importance. That order will of necessity be more or less arbitrary, and cannot, I think, fail of being reasonably satisfactory to each of us. Nor do I see how in our present index we can improve, in the sections of our chapters, upon the arrangement proposed by Dr. Hughes, and illustrated by him from the *Eye* chapter.

I should be glad to see indexed as substantive effects under collective headings, as proposed by Dr. Hughes, those effects common to so many drugs—*e.g.*, vertigo.

As to what details in the pathogeneses recorded in the *Cyclopædia* may be omitted from the index, and as to what variations from the precise wording of the provers is to be allowed, we are, I think, practically restricted in our choice to one of two alternatives.

First. We may urge that nothing be omitted, and that the provers' records be indexed *verbatim*. Second. We may leave it to the judgment of the editors what omissions, and what alterations of wording may to advantage be allowed. I regard the second alternative as certainly the better one. I would commit these matters wholly into the hands of the editors, and should confidently expect from them an index as full and accurate as is consistent with their sincere endeavor to eliminate errors from our records of drug pathogenesis.

I would have indexed post-mortem as well as ante-mortem observations, and (indicated as such) effects observed in the lower animals, when these effects seemed of importance.

I would have Hahnemann's records of pathogenesis here indexed (with an indication that they are his), excepting what the editors regard as unreliable.

In the index I would have large and small type used with the same significance that they possess in the body of the work.

I suggest the following: Against each drug, every time it is named in the index, let there be placed three numbers, or, where a number cannot be supplied, a dash to take its place. The first of these numbers should indicate the number of provers who had recorded the effect there accredited to the drug; the second, the number of times it had been recorded by all the provers; the third, the number of times it had been observed in serious poisoning. (These numbers would have reference only to occurrence in pathogeneses detailed in

this *Cyclopædia*.) A comparison between the first two of these numbers would afford some idea of how far the effect was peculiar to individuals, and as to how far it might be regarded as producible in the average individual. For more accurate data, one would have to consult the detailed record of pathogenesis.

If it is in order at this date so to do, I should like to urge that between the body of this work and its index there be introduced a part which shall contain a schema of each drug already noticed in the work, each schema to be constructed from the preceding provings and poisonings with the drug. I would have these schemata very concise, each of them containing only the marked effects of its drug. Against each item in these schemata, I would place three numbers, with the same significance as the numbers I have suggested for the index. Post-mortem observations, as well as ante-mortem, should have place in these schemata, and in connection with each of these schemata should be note of effects in the lower animals when they were known and of value. Large and small type in these schemata should have the same significance as elsewhere in the work.

The schemata I propose would be concise. I picture them as occupying, with few exceptions, not more than a quarter or half a page, and frequently not more than a very few lines. When referred by the index to a given drug we could, by turning to its schema, estimate its homœopathicity in totality of marked effects to a given case. These schemata might serve some purpose as characteristics. I think they would much enhance the value of the work to us as students, and very greatly enhance the value of it to us as practitioners.

I realize that I have introduced a question which should, perhaps, be regarded as settled. In the introduction to the *Cyclopædia* it is said: "But while there are few who will not welcome the detailed provings, there are some who ask, 'why not give a schema in addition?' The answer is, first, that to do so would double the bulk of the work, and, by greatly increasing the labor of the workers, would treble the time taken in its accomplishment. But, secondly, we would," etc.

The objection as to bulk does not hold against the schemata which I propose. I think that altogether they would occupy less than 150 pages—perhaps less than 100.



We must not, without due consideration, ask our editors to increase their already tremendous undertaking. Dr. Hughes, in his paper on the proposed index, says: "We should accordingly purpose, before setting about our indexing, to go through a copy of the *Cyclopædia* pen in hand, and, besides condensing into a series of symptoms the narratives—often too diffuse for indexing though not for reading—of those who have experienced or observed them, should underline in each pathogenesis the phenomena to which reference may be made." In doing this he would virtually construct schemata such as I propose. To preserve and print them with the work would, I think, greatly enhance its value.

#### DISCUSSION.

CHARLES MOHR, M.D.: I have listened to this paper with a great deal of interest. Every practicing homœopath must have experienced the fact that our indices and our aids to the finding of a similar, not to say a similitum, are so faulty as to be extremely perplexing. We are often required to examine critically various repertories before we can find a remedy for a case under treatment. And it sometimes happens that when we have examined all the repertories, we fail to find what we want. This shows the necessity for the preparation of a dependable index or repertory. I endorse heartily the sentiments expressed by the essayist, and especially the point he made that the pathogenesis of a drug should record every symptom that a prover has experienced while under its influence, even if it proves afterwards that the symptoms recorded were, after all, not drug effects. I think that our records of provings should be preserved intact; that the record should give the symptoms in the order in which they developed in the provers. If there were twenty provers of a drug, and each of these twenty recorded a symptom which none of the other nineteen had, the record should give these twenty different symptoms. I am led to say this because there is a growing tendency in our school to eliminate what are called incongruous symptoms, or symptoms that are not in accord with the genius of the drug, or that have been experienced by a single prover. There is a possibility of destroying that which may prove extremely useful in the treatment of the sick, if only those symptoms which appear congruous should be published as the drug pathogenesis. I had an illustration of this not many months ago in treating a case of chronic cystitis in a woman who had had various kinds of treatment. She had been under the care of different homœopathic physicians. Finally, she came to me, and I tried hard for at least two months to find a remedy, without any effect whatever. Finally, in a more careful study of the case, she gave me a symptom which I had never

heard of before. I got my repertories, sought for that symptom, and, fortunately, found it. But, so far as I know, that symptom had only been recorded once by one prover. The drug was *Calcareo phosphorica*. I administered that medicine and got a curative result. It was a very peculiar genito-urinary symptom. When I studied the complete pathogenesis of *Calcareo phosphorica*, and compared that pathogenesis with the development of the symptoms of my patient, I found a complete correspondence, but it was that one symptom that had been experienced but once by one prover that led me to the drug; and if that had been eliminated from the *materia medica*, I might yet be studying to find a remedy for that case. I have always regretted that the provings made by Hahnemann were destroyed, and that he gave us the *materia medica* in the schema form. If the provings had been preserved and published in the narrative form, I think a great many mistakes would have been avoided, and much more confidence have been established in our *materia medica* than exists at the present day. It must be remembered that while Hahnemann was an exceptionally careful prover, before he began the provings of drugs he had a very intimate knowledge of drug action, and that he doubtless used the schema form as an index merely, or as an aid to his memory of drug action when necessary to match a natural disease with a drug disease. An index, I think, ought to be made, as Dr. Allen has suggested, as complete as possible. I believe that it ought to be regional. I think, also, that the sensations ought to be indexed in what is known as the concordance method, because, after all, in the vast majority of instances, we seek a curative remedy by getting the subjective symptoms or sensations of our patients, and probably ninety-nine times out of a hundred apply a remedy curatively when the sensations of the patient are properly matched. The repertory ought to be so arranged that any sensation which has been once produced may be found with the least possible delay. And now in regard to modalities. The aggravations and ameliorations of symptoms are certainly of very great importance, and must often be taken into consideration in prescribing. I think these ought to be indexed too; but I think in indexing modalities we ought not to be satisfied simply to say that a certain remedy has aggravations from wet weather, or from cold weather, or from heat, or that it has ameliorations in some other states of the weather, etc., but that these modalities ought always to be coupled with the symptom or symptoms they modify.

M. W. VAN DENBURG, M.D.: Perhaps the most important question before the profession to-day is, How shall we use our *materia medica*? The answer will depend, I was going to say, upon the demonstration of a mathematical problem or a demonstration in mathematics, if you please, along the line of least resistance. In other words, whatever method will enable you, in the least time and

with the least expenditure of energy, to acquire what you desire, that is the best method and that is the one we are looking for. The question of the arrangement of symptoms, as solved by Hahnemann, has long been recognized as a faulty solution. The main trouble with it was this: He used two systems of classification—the one purely anatomical, the other physiological—sometimes following one, sometimes following the other, and sometimes using a mixture of both. Let me define the two, that you may clearly understand. Purely anatomical relates simply to a given region; as an illustration of this fault with Hahnemann he describes the female breast under chest; the organs connected with the reproductive acts, under a purely fictitious anatomical relationship. If Hahnemann were to be consistent,—beginning with face, mouth, etc., and going through,—when he gets to the throat, for example, he should describe not only the larynx, but also the œsophagus; when he gets to the chest, not only the lungs and pleura but also the heart and the other contents of the thorax; when he gets to the stomach he should say stomach, liver, bowels, etc. Such would be a purely anatomical arrangement. You all know that he does not do that. He takes, after he reaches the larynx, the respiratory system, and follows it out; when he begins with the œsophagus he takes up the digestive system and follows that through. Now in the anatomical arrangement there is no reason for following out a physiological relationship. In cutting up your cadaver you don't begin at the œsophagus and follow through the digestive system regardless of what lies in the way. We must either adhere to the one method or the other. And this mixed method is the basis of arrangement not only of our *materia medica*, but also of our repertories. Proving should be arranged in some schema form—a schema as simple and with an index as simple as the ordinary index at the back of any volume you buy at the bookseller's, nothing more and nothing less. There are several ways of accomplishing this; it may be arranged alphabetically; it may be arranged, as I have suggested, physiologically, according to physiological symptoms—the nervous system, the respiratory system, the digestive system, the circulatory system, the muscular system, the fibrous and osseous system, genito-urinary system, and the skin. Each of these have certain anatomical relationships carried all the way through, as suggested by Dr. Mack. Thus in speaking of the flushing of the face, this would belong to the superficial system; if you were describing the skin you would describe the face, neck, chest, abdomen, upper and lower limbs; eruptions, or any manifestations shown upon the surface of these parts would naturally come under the heading of those parts. It seems to me that that is one of the first things to be attained. The doctor spoke of systems; of course, he meant physiological systems. In sketching the plan proposed by Dr. Hughes, I think it covers very much what I have

said. I have for it only commendations in this respect. Of course, when one is called upon finally to arrange these things, very much must depend upon personal judgment. It is not possible to say which system shall precede and which shall follow. That is a matter of individual judgment and eventually of peremptory decision. But first of all we must follow the physiological lines. When we come to study our patient we don't study him as a cadaver unless we are obliged to, but we study physiological facts and effects. Is it the digestive system that is most at fault? That is a fact we take note of, and so we go on with the manifestation of each symptom, each by itself. We know the effect upon the nervous system, upon the respiratory system, upon the circulatory system, but yet there is one leading system that is generally affected, and that is the key-note to the pathological state; it is also the key-note to the drug, and when our drugs are arranged on that basis then we have something to match against the patient's manifestations, and it seems to me we have it in no other way. As to the recording of symptoms, it seems to me they should be recorded with some method of differentiation; whether we use Dr. Wesselhœft's idea of the frequency or repetition of symptoms in different provers, or whether we use the Hahnemannian idea of a symptom appearing markedly in a proving, to give it a special prominence, still they should be differentiated; whether or not we use the idea, advanced by my friend who preceded me, in regard to peculiar symptoms appearing in only one prover, the symptoms ought to be so recorded that we can see what was its origin, whether its symptom was exhibited by a dozen provers or only by one; was it a marked symptom or only a side symptom; was this symptom, though exhibited by a single prover, a marked symptom in that prover or only a transitory one? How shall we arrive at these conclusions? I confess that it seems to me the hardest part of the problem to be solved. Already three methods have been suggested. It strikes me they are too indefinite. You must always move along the line of the least resistance. You don't want to be remembering back or remembering a certain order all the time; neither do you want to be asking yourself, What is this first number for? or, What does this second letter mean? Let the numbers added to words show instantly what they mean. Let us say it is 5P., which means five provers. How many times? 20T.—twenty times. That would differentiate it readily without effort. In how many cases of poisoning was it a prominent symptom? 2Pois.—two cases of poisoning. It does not require much effort to remember that. As I said at the beginning, it strikes me that the main question to be reached is: How shall we accomplish, with the least time and the least expenditure of energy, the object for which we are in search.

C. A. CHURCH, M.D.: The very fact that there are so many



different plans presented is convincing evidence that we have not hit the right one yet. Of course I have got the right plan, and I want to give it to you briefly. I will tell you what I want. I want a materia medica constructed like my Bible—like my reference Bible. I want every symptom in that materia medica that has got a similar symptom anywhere else in the materia medica, to be indexed on the margin, telling me where I can find it, under what other drug; and then I want Boenninghausen's *Repertory*, or something like it, which will tell me where I can find the symptom in the first place. Now if you gentlemen will work this out you will have the model index.

A. KORNDORFER, M.D.: I have tried nearly twenty different styles of repertory. I have been working at it twenty years, and have planned about one for each year. The result has been piles of waste paper; some has already been burned, and some is awaiting the same fate; some awaiting rearrangement.

I have been very much interested in the remarks relative to the difficulty in formulating an acceptable plan upon which to work. The anatomical arrangement is a very excellent one; so is the regional one; all of them are good so far as they go, but there is an element which has not been considered, viz., the individuality of the one who is to use the work. A plan which would be extremely well adapted to some of us, would to others be both difficult to understand and inconvenient to employ. We can never get a repertory that will suit every one equally well. Boenninghausen's *Repertory* is very good so far as it goes. I like it very much and make use of it almost every day. We want, however, not only a work like Boenninghausen's, but one that will take up the modalities in their relationship to the symptoms, and in addition considering the symptoms in their relationship one to the other, thus making it a comparative repertory; this would require a number of volumes. In such a work a harmonious plan must be followed throughout, the references being so arranged as to be readily correlated.

In regard to the reference Bible plan suggested by Dr. Church, I do not know what the doctor would do with some of the references—where, in other words, he could find room on the margin of a repertory to refer to the great number of drugs having any given symptom; the margin would often contain more than the text page. I would suggest that a combination of the general anatomical, regional and comparative plans should be considered by those interested in the construction of a perfected repertory.

Permit me to further suggest that instead of interleaving such a book it would be preferable to have the pages in double column form, one column being left blank for annotations; this would prove much more convenient than the form suggested, and in addition it would give sufficient space. Of course this would necessitate good

paper, a quality especially desirable in a reference work so constantly in use.

Such a plan would greatly enhance the value and the utility of the work under contemplation, and tend toward the completion of an ideal repertory: one that would be highly appreciated by every prescriber.

J. C. MORGAN, M.D.: I want to contribute my suggestion on a point which seems to have been taken for granted, namely, that such a symptom as "sweat" should be sometimes excluded from "fever," and put under the rubric of "skin." Now I think that we have a great deal more right to expect that symptom to be under the fever rubric than under the skin classification; it ought to be included under "chill, fever and sweat." The latter is one of the methods by which I believe that all drugs can be studied to the greatest advantage; that is, by taking the evidence of all symptoms as to their fever-relation. Individual symptoms may be interpreted always in their acute forms, as either a part of a chill depression, or of a heat exaltation, or of a sweat remission (or relaxation)—thus, as "primary," "secondary," and even "tertiary," quite regardless of their date or order of occurrence (after varied doses and in the most diverse temperaments of provers—all of which make mere dates useless). By studying all the symptoms of any proving under these three heads, a very intelligible reading may be given to the apparent shape. Symptoms that seem to have no naturalness—no true form of life-action, as mere words upon a flat page—obtain the human ensemble immediately; I, therefore, would not have "sweat" taken out of the fever classification. Moreover, sweat, as we know, is one of the principal alternating means of caloric modification; we know it has to do with the nervous system largely; we know that it has a great deal to do with the inhibition of excessive heat formation; we know that by such inhibition, and otherwise, the temperature of the body varies in health, as well as in disease, in daily paroxysms, but, approximately, it remains somewhere near  $98\frac{1}{2}^{\circ}$  F. We know that the balance between the heat production and heat removal is an essential of life. It, therefore, has little relation to the skin—even in cases of debility, which is itself a proper fever symptom—little relation, I say, to the skin, out of connection with the totality of the body; in other words, to the *general state* which is truly called "life's fitful fever." Again, the value of symptoms from a single prover is often inexpressible; he may give you a most excellent symptom—one which, if you find it in your patient, will lead you at once to the curative remedy. If you had been trying to cover that one symptom without referring to others of the case, it might have misled you; but if it led to the same drug, through study of all the symptoms of the case, then it was a harmonious, and, therefore, a proper symptom to embody in the record. In the one case mentioned, the doctor was thus able to

find the curative factor under Calc. phos., and even if it were only a personal symptom, it yet sufficed to lead him to the proper remedy, and thereby it proved its right to be recorded. I have an experience of my own to present in this line, a case of intermittent fever. I thought I would try the old-fashioned Hahnemannian way, by looking over the whole of the remedies in Jahr's *Symptomen Codex*, from Aconite to Zinc, if necessary; I looked only at the fever rubric and at "chill." The *predominant* stage alone being covered by the proper remedy, as Hahnemann shows (*Organon*, § 235), it will lead you to the other elements of the case and confirm the choice. When I came to Bryonia, alphabetically, I found that there was something in relation to this one stage—the chill, beginning on the right side—which seemed to me to cover it pretty well. I said, "This is too easy," and I went through the remaining fever rubrics and through the second volume, until I came to page 693, *Rhus tox.*, and there I found something that read thus (the symptom had evidently been developed by a single prover): "The left side of the body felt hot and the right side cold, without chilliness." "Without chilliness," if taken merely verbally only, would have condemned my application, but I found the inequality of the temperature of the two sides; I found that the left side was warmer than the right side, and this gave me the clue to the unequal nervous action. I now gave *Rhus* a thorough study, along with the numerous other symptoms of my case, and found every one of them under that remedy. That one symptom led me to find all the others and to recognize them at their proper value; and thus I was able immediately to "stop the chills" by giving *Rhus tox.* 200.

J. P. DAKE, M.D.: It strikes me in the discussion here parties have had different things in view. In a way all agree that the original records, or the narrative of drug-provings, shall contain every reported symptom. I don't know of any one here present that has advocated the throwing away of a single drug-symptom that appears in a proper drug-proving; all should come in the narrative as in the *Cyclopædia of Drug Pathogenesis*. Now beside that, and for convenience of the practitioner, something else must be doubtless had. I would call such a work a digest; that is, I would have in a volume a gathering of the symptoms that have occurred in quite a number of provers. I would grade the value of the symptoms, other things being equal, according to the number of provers reporting them. Now such a work may be had perhaps in one volume. I think such a work as that will soon follow, based upon our *Cyclopædia*. But we are talking about an index to the *Cyclopædia*. Dr. Hughes is listening; I am listening; we are all listening to learn what sort of an index we ought to have in order to make our sifted material available; it is important that it shall be as brief as possible, and yet omit nothing that is important. The sifting and

re-sifting of symptoms reported by provers, if done on the proper lines to bring them from the *dubia* into the sphere of the *certa*, need be no destructive process, while it brings the facts of pathogenesis within the grasp of human reason and memory.

R. HUGHES, M.D.: The discussion is turning upon two papers, which I think is quite commendable, though these view the matter not quite from the same standpoint. Dr. Allen has appeared before us to indicate how a repertory should be constructed to serve the purpose of the practitioner; his paper is not an answer to the question what the index to the *Cyclopædia* should be. But as to his specific point, I think that in the way he put it none of us can fail to agree with him. Although a given sensation may not have been experienced in the particular portion of the body affected in a patient, the fact of its having appeared at all, with anything like frequency or persistency, though in some other part, may very justly lead us to the drug as the suitable remedy for the case before us. Thus we know that a drug that will cause neuralgic pain in the face will cure the same pain in the leg though it has not caused it; I am thinking now of Aconite. I also agree with Dr. Allen that where you find a peculiar characteristic running all through a remedy, you may safely supply that modality to other symptoms which have not that peculiar characteristic. I hardly think, however, that Boenninghausen would agree to any such limitation. Some of us will remember the illustration he gives in his book—the instance of the prover of *Carbo animalis* whose face smarted after being shaved (he lived in St. Petersburg). Boenninghausen had a patient who complained of disagreeable smoothness, with mucus on the teeth, and noticed that it was worse for two days after every shaving. He gave him *Carbo animalis* for this symptom, because the shaving which aggravated it had produced smarting in the proving! I don't think Dr. Allen would recommend the use of modalities in that way. Dr. Mack's paper, which is specifically directed to the preparation of an index for the *Cyclopædia*, I have listened to with great interest. His suggestions I shall bear in mind when I get to work on this book. If we are to have a schema intermediate between the narrative and the index, I don't think it could be compressed into 150 pages. It would occupy a whole volume; and as the index itself is to be schematic, I don't know whether anything could be gained by it. One remark I have to make in relation to the "sweat" symptoms, I think that Dr. Morgan misunderstood the suggestion made by myself and indorsed by Dr. Mack. We did not propose that "sweat" should always be removed from the "fever" rubric, and transferred to the skin; on the contrary when the sweat followed heat, as it does in fever, it should undoubtedly appear under the head of fever; but when sweat occurs as a symptom of the surface—for instance: "every motion causes sweat to break out," that is a symptom of de-

bility, and here I think it should be under the anatomical head, and not mislead us by being placed as one of the symptoms of fever. Dr. Church (very appropriately, as "the Church is a witness and keeper of Holy Writ") suggested the "reference Bible" as a cue to the proper making of a repertory; and I have agreed with him in anticipation here. I was speaking of the use made of the cipher in the *British Repertory*, to supply every symptom in all its detail. I gave my reasons why we should not use this cipher, and said that the same thing might be attained by a system of cross references such as that adopted by Dr. Hering in his *Materia Medica*. I think that when our index comes out Dr. Church will be pleased, because he will see a very close resemblance to his reference Bible.

C. S. MACK, M.D.: I want to say one word upon a point that comes up frequently; and whenever it does come up I express my opinion. If I understand Dr. Allen, he would mark as verified, in an index or repertory, those drug-effects upon which have been based practice which we judge curative. It seems to me that practice is empirical to the degree that it is based upon *such* verifications. *True* verifications and *true* characteristics upon which to base homœopathic practice must be determined, it seems to me, in the field of drug pathogenesis alone, regardless of experience in the field of therapy. Drug pathogenesis is a *science*; practice is an *art*; the two should be kept distinct. One of the things commendable in this *Cyclopædia* is that it treats drug pathogenesis as purely a science.

T. F. ALLEN, M.D.: In looking ahead at the ever-increasing volume of our symptomatology, I cannot for the life of me see any other way out of the difficulty than simply to group together all drugs having similar symptoms or similar characteristics, or very similar sensations. I would like, for example, to see all the drugs that are worse on lying on the right side, all the drugs which affect the left shoulder and so on put into some special part of the book so that I can quickly turn to them; that will help me in my practice. It won't require much of a book to carry all that information in; you can carry it in your pocket; it will give the practitioner a hint. My point has not been touched upon at all; you will probably talk about that by and by. If you take the sensations and modalities out of your work, if you regroup the symptoms without these you do violence to the connection of your symptoms, you separate them from their associations. If you split up every symptom into several elements and scatter it throughout the book, you defeat the aim of the book, which is, as I take it, to assist in quick prescribing in actual practice. I go to a patient; she has a terrible cutting pain in the right shoulder; I want to know the drug that will affect the right shoulder in that peculiar and characteristic way. I take out my Bœnnighausen and turn quickly to the regions named, and by a process of mental selection I quickly recognize it to be *Lycopodium*

that I want, because *Lycopodium* not only has the pain in the right shoulder, but it also has the other symptoms. Is it proper to re-group those elements? I think so. If so, then there is a simple, short, and efficient way of indexing the work to-day, and for the future, for years ahead, requiring no great amount of book or paper; allowing you still the privilege of referring to the original records when you want to do so.

## A RECONSTRUCTED MATERIA MEDICA.

BY THE MEDICAL INVESTIGATIONS CLUB, OF BALTIMORE, MD.

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### MEMBERS OF THE CLUB.

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#### *Honorary:*

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THE caption of our paper may give the impression of a task accomplished, of a great work completed. But though the much-discussed rehabilitation of the homœopathic materia medica has begun, the ultimate goal has not been attained. Like a bright light on a rock-bound coast, it shineth afar off through the Stygian darkness and gloom, yet the skilled pilot can guide the wayfarer safe into port, if due time be allowed. Our intention is not to dictate concerning this reconstruction, but simply to submit the ideas that work in the field of materia medica has suggested to us. These ideas we have formulated into a system, and upon this system we have attempted to found a pathogenic materia medica, which is a record of pure drug-effects.

Many are the books treating of medicinal substances and their uses; but they all contain a large amount of questionable material; and a review of the whole field of literature reveals not one single work to which we can point and say, "here is a record of pure drug-effects."

This being true, it follows that although there is enough known

of pure pathogenesis to prove the truth of homœopathy, yet there is too little known to fulfil the maximum possibilities of our law.

Although much has been done, even with the little systemized positive knowledge of drug-effects, how much more may be accomplished with a well-filled storehouse of demonstrable facts?

As we plod along and ponder over the possibilities of homœopathy, we feel convinced that with our really meagre knowledge of drug-effects in their relation to disease, this land of the future is indeed *terra incognita*. But we can surmise no less of the possibilities of homœopathy now, than Hahnemann could of the possibilities of one hundred years ago. It is only because of a knowledge of the principle of homœopathy (with a few illustrative details), that we have attained a greater or less degree of scientific precision, and it is only through this same fundamental knowledge, with a maximum increase of similar illustrative details that we can develop these future possibilities of our law. The hap-hazard clinical method may assist, but it is merely supplementary. Such being the fact, it is evident that a fulfilment of the law can only be compassed by a familiarity with the means to the end. These means are pure drug-effects, and pure drug-effects can be known only by studying the action of drugs upon the healthy organism.

The endeavor, then, should be to study these drug-effects, and to disentangle from the pure material all adventitious details, to separate the certain and the probable from the merely possible, rejecting the impossible; and thus ultimately will be submitted to the world of medicine, a *materia medica* of pure drug-effects, a synthetic work that will court scientific analysis and criticism.

A study of pathogenesis reveals one fact of vital importance, and it is that those who have proved (or tested) drugs, apparently did not appreciate the full import of the work in which they were engaged, and though many years have elapsed since the first systematic drug-test, yet with all the strides of nineteenth century progress, the same lack of appreciation of the object of drug-tests upon the human organism, is still obvious among our recent pathogenic records and symptomatologies. The defect to which we refer, is the absent health-record, the record that should be made of the experimenter's normal condition, including individual characteristics and peculiarities, prior to beginning the test. These personal characteristics, peculiarities, or idiosyncrasies if you please, form the combination of physical



and mental features that constitute the given ego, and it is these egoisms that we wish to get rid of; it is the individual that must be sacrificed to the scientific demands for the establishment of the type. To eliminate the individual then, and establish the type, these manifestations of the normal, mental, and physical health of the experimenters, must be studied as a preliminary to testing the drug, and having detected these peculiarities, they must be excluded from the drug-symptom record, whenever they are found cropping up in the proving. It is only *after* such a preliminary study has been made, that the experimenter is ready to conform to the requirements of a drug-test. This necessity, one would suppose, must be obvious to every accurate observer; but whatever theory the army of provers may have held, their practical efforts show very little evidence of serious conviction of the necessity of health-records. Many learned men have called attention to this flaw in the construction of the homœopathic materia medica, both latterly and in the past, so that we will dwell no longer upon the subject.

However, in the task of recasting the homœopathic materia medica, the lack of the health-record has been keenly felt; but as it could not be remedied, the work has progressed in spite of the defect; and in spite of the defect we should feel encouraged at the approximately scientific results already obtained, and we believe that the system upon which the work is based is well adapted to the complete reconstruction of the pathogenesis that will characterize the materia medica of the future. To obtain this much-desired consummation, however, the whole materia medica must be carefully re-proved.

The method of studying pathogenesis, to which we refer, is inductive, in that the symptomatology is drawn from the detailed symptoms of individual experimenters, and condensed as far as is consistent with congruity of individual expression into generalized pathogenesis; it is eliminative to the extent of rejecting adventitious symptoms; it is analytical in that the provers' records are critically examined, and in so far as possible only *bona fide* drug symptoms retained; and, finally and chiefly, it is synthetical in its reduction of the many symptoms variously worded, but having the same meaning, to a single form expressing the sense of the whole. As the latter process of deduction is the original and vital feature in our system the method may be correctly termed synthetic.

Our data are obtained from the authorized work of the American Institute of Homœopathy, with the occasional addition of a reliable record from other sources. The work of the Club is, therefore, based upon the *Cyclopædia of Drug Pathogenesis*.

The details of this method have been published elsewhere, and as we cannot better describe the plan, we take the liberty of quoting at length.

The plan adopted divides the study of drugs into two departments:

1st. History.

2d. Symptomatology or pathogenesis.

Too little is generally known by homœopathic physicians of the history of the drugs they use; and hence, to supply the deficiency long felt in the present arrangement of our materia medica, the drug is classified and described; its pre-medical history is given (which includes its earliest origin or discovery and early and modern uses); then follows its first introduction into medicine; when, by whom, and in what form first proved, and other details relative to its introduction to homœopathic practitioners.

The second, or pathogenetic department, is arranged in several sub-departments:

1st. Introductory remarks relative to the records used and the records rejected.

2d. The general sphere of action of the drug drawn from poisoning cases in man, the provings proper, and such suggestive verifications as may be found in cases of poisoning among the lower animals.

3d. The composite symptomatology, or synthesis of pathogenetic effects.

4th. The application of pathogenesis to therapeutics.

The third sub-department, the synthetic symptomatology, demands an explanation.

A drug is selected for study; all the proving-records of this drug that are to be used are carefully read. This includes the symptoms of all drugs proved by ten or more experimenters, in preparations ranging from the twelfth decimal down. Each symptom of the whole collection is then transcribed to its proper department in the Hahnemannian schema (which we have adopted), *e.g.*, all the mind symptoms found in *all* the records are grouped together; likewise

the head symptoms, the eye symptoms, *et seq.*, to the end of the schema; always affixing the name of the experimenter, or a significant number, to each individual set of symptoms.

Thus, the whole collection of records is transcribed in a rearranged form, and is then ready for examination and synthesis.

Each group of symptoms is now carefully scanned, and another transcription is made. This contains all the symptoms that have been experienced by two or more experimenters.

Of course, the more provers that are similarly affected the more valuable are the symptoms they record; therefore, to indicate its value we have affixed to each symptom the figure corresponding to the number of provers who have experienced it. This renders it necessary to condense the various expressions of one idea, which have been used by the different recorders, into a phrase that will not do violence to the meaning of any prover and yet give full significance to the symptom. Thus, in Bryonia we find the following ear symptoms as expressed by five different experimenters: "Whizzing in ears, ringing in ears;" "singing in ears, whizzing in ears;" "hissing in left ear;" "humming in ears;" "noises in left ear as of water pouring over a dam; roaring noise in right ear."

Observe, that of these five provers but two give expression to their sensations in the same phraseology. To these, of course, we give credit in their own words, while a fitting expression must be used to sense the meaning of the whole five experimenters, and hence we record: "Noises in ears;<sup>5</sup> whizzing in ears.<sup>2</sup>"

The higher the exponent attached to a symptom (granting the given symptom to be consistent with the sphere of action of the drug), the greater will be our confidence in that symptom. There are also some symptoms that have occurred in only two or three experimenters that are probably quite as trustworthy as those experienced by a larger number of provers, but the average high-exponent symptom is more valuable than the average low-exponent symptom; but probably, also, a large number of the latter would not find a place in symptomatology if preliminary health-records had preceded the drug tests. Isolated symptoms, *i.e.*, those appearing in one record only, we exclude. By this exclusion, however, we do not condemn the single symptom as having no value, but it is omitted simply because it has no verification, and may be a mere peculiarity of the individual. Future drug-tests must settle the point.

This work shows that far less is known of drug action, as founded upon the relation of pathogenesis to pathology, than has heretofore been supposed. It also calls attention to the fact that a small proportion only of prescriptions of homœopathic practitioners (especially the pure symptomatologists) is based upon pathogenetic knowledge, and that a large proportion is the result of clinical observations or of arbitrary inference. Simple clinical statements purporting to verify the curative power of a drug may be as trustworthy as *a priori* pathogenetic information, but the difficulty is to prove them to be *facts*. Subjectivity, as placed by Dr. Beard in its relation to science, is accountable for more "verified clinical symptoms" than are the drugs to which the verification is appended. All this goes to sustain our postulate, that it is only through a study of demonstrable drug effects upon the healthy organism that the full possibilities of the law of similars can be realized; and the fulfilment of these possibilities depends not so much upon the provings of new drugs as upon the re-provings of old and familiar drugs.

The endeavor of the most progressive members of the older school of medicine of late years has been to study what they term physiological drug effects. These physiological effects are none other than what may be more correctly called pathogenetic effects. Consequently, as the synthetic method deals exclusively with physiological, or pathogenetic, drug effects, it is a method of studying *Materia Medica* to which the attention of the student of the older theories of therapeutics may be called, and, as a result, it is *possible* that a desire *may* be initiated among our brethren of the older school to drop all sectarian limitations and, with a determination to apply only the strict impartial tests of science to the analysis of homœopathy, make a critical study of the relation of pathogenesis to pathology.

In setting forth the merits that we conscientiously believe work, based upon a synthetic method of studying *Materia Medica* to possess, we do not wish to give the idea that we consider clinical observations of *no* value; such an intention we disclaim. Dr. Farrington's *Clinical Materia Medica*, for example, is a valuable work, and fills its place admirably, but we think a pure pathogenetic *Materia Medica* is also necessary for the active practitioner, and the point upon which we wish to insist is that, in the present advanced state of all branches of science and art, it is incumbent upon the medical profession to approximate, as closely as possible, correct

knowledge in medicine, through which prescient therapeutics may accompany correct diagnosis. To this end it is necessary that drug action should be more thoroughly understood, and certainly this is only attainable by study of drug effects upon the healthy organism, and a reduction of the result of such observations to a synthesis expressive of the undoubted effects of the drug upon the whole group of provers as a composite type. In this way the general sphere of action is also discovered, and from it legitimate inference of details may be drawn that are not supplied by the given symptoms. Thus a prescriber may select a remedy with a degree of accuracy heretofore unknown if he will only appreciate the fact that, although all the detailed symptoms the given drug is capable of curing may not have been experienced by any of the provers, yet many symptoms may be taken as indications for a prescription because they can be analogous only to symptoms that result from such disturbance in the organism as is referable to the peculiar manner in which the given drug affects a tissue, an organ, or a set of organs. To this class of scientifically-deduced indications we wish to adhere, leaving pure clinical experience in its proper department of empirical aids to therapeutics, and using these aids always in the full knowledge that we are practicing empirically.

To this approximate perfection, this prescience which is the highest attainment of science, it is not only necessary to properly study provings and formulate a reliable symptomatology therefrom, but it is primarily necessary, as we have already remarked, that each prover keep a record of the manifestations of his normal condition prior to taking the drug, for unless he is familiar with his condition before testing the drug he is not prepared to pass judgment upon the pathogenic value of the many manifestations that are likely to occur during the proving.

It is true that the exclusive synthetic method corrects to a certain extent the defects of the prevalent irregular modes of proving drugs, but for strict, scientific work, such only as the pathogenist of the future should do, the health-record is indispensable.

Another of the flaws in the construction of the present unsystematized *Materia Medica* is the dead-level value to which all symptoms are reduced. This is a serious defect, as it is the result of a false method and prevents the student of *Materia Medica* from discovering the chief sphere of the drug's action; in consequence, unless an

arbitrary arrangement of the value of symptoms is formulated, the average novice in the art of medicine must conclude that the majority of drugs act on the same pathogenic lines. This defect the synthetic method tends to overcome.

An arrangement by which symptoms are given their true value is impossible if it is made according to their equal frequency of occurrence in individual provers, simply because the same symptoms rarely occur with equal frequency in each prover. But when a symptom persistently occurs in a large number of experimenters, it naturally falls into its proper position of relative prominence in the schema. Thus the wholesale reduction of symptoms to a dead level is obviated by the very nature of the synthetic method.

Another point to which we would call attention is that, with few exceptions, Hahnemann's provings have been excluded from our work. This is not because they may not have value, but it is because we are unable to obtain sufficient details to prove this, as the records at command give neither dose, preparation of drug, nor other important points, and as our method necessitates working from individual records, Hahnemann's provings, as now extant, are not admissible.

From the general experience of students of drug-tests we glean the suggestion that there is probably but one system of proving drugs by which reliable results may be obtained, and that is the system proposed by Dr. J. P. Dake. A properly-managed college of provers would do more in ten years for the foundation of homœopathy upon a scientific basis than will the usual desultory work in fifty or a hundred years. No layman is qualified for drug proving unless possessed of considerable anatomical, physiological, and pathological knowledge, or is under the constant surveillance of a physician. We are convinced of this from the many instances found in the various records of vague and inaccurate terms which are calculated to mislead or confuse the student of *Materia Medica*, e.g., pain in the eye, ear, or throat; dimness of vision; diarrhœa, etc. They may mean a great deal or they may mean nothing, according to circumstances and the significant detail which has been omitted.

In concluding this paper we will briefly state the principles upon which this synthetic work is based :

1st. All work must be founded upon original records of provings or authentic copies of such records; and as the *Cyclopædia of Drug*

*Pathogenesis* contains the finest collection of pathogenetic records extant, we have adopted it as a fundamental store-house.

2d. No drug tests made with preparations above the twelfth decimal attenuations are used.

3d. No symptom is retained that has not been experienced by two or more experimenters.

4th. In the symptomatology each symptom has a figure or exponent appended, indicative of the number of experimenters from which the given symptom is drawn. From this arrangement two advantages arise: first, the possibility of computing the percentage value of each composite symptom (as the total number of provers is stated at the head of each symptomatology); and, second, the possibility of seeing at a glance the relative values of the various symptoms. Thus is obviated the dead-level that is fatal to the general sphere of action of individual drugs.

Even though our synthetic method of reconstructing pathogenetic materia medica may prevail, and become the universally accepted plan of our experts, we do not expect ultimate results in the near future. A new and substantial foundation may be laid, but the perfected, utile, and ornate superstructure will not be realized until a college of provers is an established fact.

NOTE.—The following papers, describing, explaining, and illustrating the work of the Investigation Club, have been published:

*Bryonia Alba*, *Hahn. Monthly*, June, 1889.

*Gelsemium Sempervirens*, *Hahn. Monthly*, September, 1889.

*Argentum Nitricum*, *Hahn. Monthly*, December, 1889.

A Critical Analysis, *Hahn. Monthly*, April, 1890.

*Apis Mellifica*, *Hahn. Monthly*, June, 1890.

*Lilium Tigrinum*, *Southern Journ. Hom.*, January, 1891.

*Agaricus Muscarius*, *Southern Jour. Hom.*, February, 1891.

Revision of the *Materia Medica*, *Hom. Recorder*, January and March, 1891.

*Kali Bichromicum*, *Hahn. Monthly*, February, 1891.

*Aconitum Napellus*, *Hahn. Month'y*, June, 1891.

#### DISCUSSION.

J. P. SUTHERLAND, M.D.: I want to say at the outset that I shall make no appeal to sentiment. It seems to me that sentiment in dis-

cussing the question brought up by Dr. Price is not in place, for sentiment has no importance or value in a scientific session. According to my conception, materia medica is not a belief; it is not a creed; but a science; therefore, our belief has nothing to do with it at all. Positive and exact knowledge of drug action must be the foundation-stone upon which our homœopathic materia medica is to be built; it is the one thing that I have worked for for a considerable time. We want to know just exactly the effect Aconite, or Belladonna, or Strychnine has upon the human body. We don't want to believe anything about it. We want to know. We want to be able to demonstrate at any time, by direct experiment, what that effect is.

In regard to the subject of a reconstructed materia medica, we have had several plans proposed here, and the one offered us by the Baltimore Medical Investigation Club, I think, deserves very great and serious attention. Several specimens of their reconstructed pathogeneses have been presented to us chiefly through the pages of the *Hahnemannian Monthly*, and we ought to be thoroughly acquainted with them. There are only one or two points on which I would make even the slightest criticism. I heartily approve of the work, and it seems to me that upon consideration we all must approve of it. It is the one and only way of studying materia medica. I don't know what their exact plan is, but it strikes me it must be somewhat similar to the plan suggested by Dr. Conrad Wesselhœft. It doesn't make any difference how the symptoms are compared, whether by a chart—where we can see at a glance how, and when, and where they have occurred—or whether we check off agreeing symptoms in our books or by any other method. The plan doesn't matter; it is the result we are after. Take, for example, their pathogenesis of *Argentum nitricum*; it seems to me that the results are just exactly what we want. One point here, by way of criticism. They state that they use the *Cyclopædia of Drug Pathogenesis* as their basis rather than Allen's *Encyclopædia*. Now, it seems to me that this is a slight mistake, and for one or two good reasons. The one book, or rather the one work, which represents homœopathic materia medica as it was developed after nearly a hundred years of labor, is Allen's *Encyclopædia*. Several years ago it was decided that this *Encyclopædia* was not exactly the thing that was wanted for a specific purpose; but still it represented and does represent the homœopathic materia medica. It was built exactly on the lines originated by Samuel Hahnemann; the provings are all cut up into symptoms, and the symptoms are arranged according to the old Hahnemannian schema. The work that was started seven years ago is in itself a reconstruction of materia medica; and to take a reconstructed materia medica as a basis for a still further reconstruction, is rather mixing things up, and I would certainly prefer to take the fullest unabridged



source, and the old Hahnemannian schema, if we are going to have a schematic arrangement at all, and use that as our basis of work. That is my only point of criticism. Otherwise, the work is very like the chart-system. In regard to the history of a drug, that is non-essential in a reconstructed materia medica. We get the history of a drug, its habitat, and all that sort of thing in our pharmacopœias. These things are, in a way, outside of drug pathogenesis, which deals with the effects of medicines upon the healthy human body; and whether a drug be used in the arts and manufactures has, also, it seems to me, nothing to do with the materia medica. For instance, *Argentum nitricum* may be used in photography, *Arsenicum* in the manufactures,—but what of it? It doesn't interest us particularly as students of materia medica, and I would suggest that these things be left out of a reconstructed materia medica. In regard to what has been referred to as "contingent symptoms" (the term used by Dr. Drysdale) or "adventitious symptoms,"—the "ego" symptoms,—I don't think that we need bother our heads very much about them, because if we resort to the method of studying drug pathogenesis by comparison of symptoms, and we decide to keep only those symptoms which are found repeatedly in provings, then these other "individual" symptoms simply take care of themselves. And as to symptoms produced by high potencies, according to the chart method which has been described, and which I advocate, the high-potency symptoms are all kept; they are all put down on the chart the same as all other symptoms; we do not arbitrarily exclude symptoms from potencies above the 6th; they may be attributed to the 500th or the 1000th, but they are justly dealt with by the chart method; and if a symptom be found to occur repeatedly under the influence of the 15th or 30th or any other potency, why, then, that potency is credited with producing that symptom; thus, the potency question, as far as provings are concerned, settles itself.

J. P. DAKE, M.D.: I am not going to perpetrate a long speech upon you. There are some points raised by the last speaker that I must notice; I feel that it is due that I should. Now, in regard to this work of the Baltimore Club, I have been watching it very closely, and I must say that I have been greatly delighted with it. Dr. Sutherland has made a slight error, and I am a little surprised at it because he and Dr. Wesselhœft have been looking into the sifting and better arrangement of pathogenesis, and writing a great deal upon a reconstructed materia medica. The *Cyclopædia* is a work from original sources. It has been drawn from the first publications of drug-provings which are embraced in all medical literature. It was not borrowed or copied from the *Encyclopædia* of Dr. Allen. His *Encyclopædia* has been suggestive as to what drugs should be taken up and as to their sources; but Dr. Hughes, in prosecuting

this work, has gone to the original sources, and, so far as possible, reproduced the drug narratives. The American Institute laid down in its instructions for us that we should draw from original records, and take nothing at second hand, and also to verify everything accepted, and that has been done. The Baltimore Club, in basing its work upon the *Cyclopædia*, has gone back to the most original and reliable quarters for information in regard to their provings, and their's is a strictly scientific method. What they propose is to deal with facts, with the effects of drugs on healthy persons and not on the sick. Now, Allen's *Encyclopædia*, valuable as it is, has been defective, and has been often criticized because it embraces so many clinical symptoms, so many symptoms taken from the sick and not from healthy people.

As to the matter of "sentiment" in the rules to govern the acceptance of symptoms as real drug-effects, I would say that I fail to understand how any sort of discrimination can be exercised so as to discard the false, the fanciful, and the absurd, and to retain the genuine and the useful, without some kind of sentiment, some pretty well settled views as to rules of evidence and what amount of proof may be necessary to establish the truthfulness of a claim.

The rules governing the gathering of material for the *Cyclopædia*, adopted by the American Institute and the British Homœopathic Society, are sound, and have been followed in the production of the *Cyclopædia*.

I trust the sentiment of those great bodies may never be worse, and that it may long dominate the profession.

ELDRIDGE C. PRICE, M.D. : I want to emphasize the fact that we do not reject or obliterate any symptom in the *materia medica*; we simply lay aside the single isolated symptom for further verification. We do not think that a symptom that is recorded as having been obtained during the proving of a drug by one experimenter only, should be accepted without further verification. There is so much in this question of subjectivity (the personal equation, as the astronomers say), that we cannot depend upon the isolated records of single individuals.

## THE PROBABLE HOMOEOPATHIC USES OF UN- PROVEN DRUGS—ARE WE JUSTIFIED IN USING THEM?

BY E. M. HALE, M.D., CHICAGO, ILL.

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In answer to this question, I make answer that, as believers in the law of cure enunciated by Hahnemann, we are justified in using non-proven drugs to heal the sick.

The following are the reasons and the conditions under which we may use them:

1. When we have trustworthy testimony that such drugs have been used successfully for the removal of morbid symptoms and conditions.

2. When the drug is a chemical union of two or more drugs which have been proven.

3. A proven drug is one which has been taken by one or more persons in health, and has caused *morbid* symptoms to arise in the experimenter. I say *morbid* symptoms to distinguish them from the many natural sensations which have been recorded in our provings, and which never should have had place therein.

Neither should certain chemical symptoms have place in provings, such as the odor of the urine after *Terebinth*, *Asparagus*, and other drugs.

Symptoms arising from poisoning with large doses of drugs have properly a place in our pathogenesis.

A non-proven drug is one about whose pure physiological and pathological effects on the healthy human system we know nothing.

What course shall we take? I will proceed to examine our right to use non-proven drugs.

The empirical use of drugs extends back into the infancy of the human race. It was even noticed by the human races, but exists in animals. Why animals when ill or poisoned, seek out certain plants or herbs and swallow them with apparent benefit, is one

of the unsolvable problems. The act may be due to those impulses arising from intuition or instinctive selection. It is probable that such selection may have been accidental at first and afterwards became hereditary. So with the human race. Travellers tell us that among the lowest aborigines they have been observed to select certain plants or minerals for the cure or relief of diseases. They cannot explain why, or give a reason for such a selection except that "it is good for them." Before the announcement of the law of similia, this was as good a reason as was ever given by the most learned medical men. Hippocrates or Galen could give no better reason. All the theories based on heat and cold, wet and dry, depression and stimulation, as applied to the qualities and effects of drugs, were worth nothing and meant nothing.

When I was engaged in investigating the curative powers and qualities of our indigenous plants, and attempted to trace their uses in diseases back to original sources, it invariably ended in their use by the aborigines of this country, or by the pioneers who went as emigrants to the wilds of this new world.

It was thus that I traced the history of such drugs as *Abies*, *Æsculus*, *Baptisia*, *Cimicifuga*, *Caulophyllum*, *Sanguinaria*, *Viburnum*, *Rumex*, *Xanthoxylum*, and many others.

I found that each and all of them had a definite pharmacological history long before they were taken up and used by physicians in regular practice. Until they were proven by our school, they were all used on *data* collected *ex uso in morbis*; but what a wealth of therapeutic value was found in those drugs, and how valuable they were in many disorders which were rebellious to the indications found in our well-proven drugs.

Leaving our indigenous drugs, I will assert that until the time of Hahnemann all the drugs in use by the physicians of the old world had no better basis for their use than just such empirical testimony as I found.

The use of *Iron* for anæmia, *Sulphur* for eruptions, *Aconite* for fevers, *Rheum* for intestinal disorders, *Cina* for worms, *Mercury* for diseases of the liver, *Antimony* for disorders of the respiratory organs, *Digitalis* and *Convallaria* for cardiac disorders, all had an origin in pre-historic times. If we ask *how* and *why* the early races of Europe and Asia came to use those drugs for such diseases, we can find no other answer than instinctive or accidental selection.

That physicians have improved and added to this rudimentary knowledge is a matter of history. It is a legend that a native Indian of a South American tribe, wandering in the deep forests of that country, while suffering from tormenting thirst of a malarious fever, drank greedily of the water in which had fallen the leaves of the *Cinchona* tree. It was bitter, but it assuaged his thirst, and after a deep sleep he awoke refreshed and free from fever. He spread the tidings of the wonderful power of the "bitter water." The use of many of our most valued remedies has a similar origin.

Among the aborigines of North America it was the custom to give the woman in labor abundance of hot drinks made of any herb or leaf most convenient. But these children of nature observed that the decoction of "*Partridge berry plant*" (*Mitchella*), "*Blue oak*" (*Caulophyllum*), and "*High cranberry*" (*Viburnum*) gave most relief from the pains and a more rapid and easy delivery. All these they call "*Squaw roots*," and thus originated their use in painful and difficult labor. Even those untutored savages had the power of reasoning from analogy, and they soon made use of these drugs for other and similar disorders.

When the whites invaded and occupied the lands and domains of the aborigines, they had few physicians among them, and were obliged to rely upon their scant experience and the information they could glean from their Indian neighbors. With a large capacity for appreciating the virtues of plants they enlarged the uses of them, and when observing physicians came among them the uses of such medicinal agents received a greater impulse.

It is an unpleasant but indisputable fact that the regular school in this country and in Europe have always, or until very lately, despised and neglected these sources of information relating to indigenous plants. It is due to the despised "herbals and baccals" of the early day to avoid them the merit of keeping alive the aboriginal medical lore relating to plants.

Given the above as a basis of our knowledge of drugs in disease, I assert that we are bound by our duty to the sick to adopt all plants which have a medical history, however lowly, and to apply them to the treatment of diseases according to the accumulated experience of the common people or physicians.

But I have to announce another and to me more important reason why we are justified in the use of indigenous drugs.

We all believe that the chief law of cure is expressed in the formula *similia similibus curantur*. This does not include the purely physiological, chemical, or bactericidal power of drugs.

Granting this, we must also grant that no drug which cures dynamically can cure in any other manner than by its power of causing in the healthy organism symptoms and conditions of a pathological character similar to those of the disease for which it is prescribed. Now, if any drug has been used by the aborigines or the common people, or by the physicians, with success in certain diseases, and has removed again and again certain morbid symptoms and conditions, must it not be because that drug possesses power of causing similar symptoms? If we deny this, we stultify ourselves and virtually deny the truth of our fundamental law of cure. We have no hesitancy, therefore, to assert that any drug which has the power to *cure* morbid symptoms and conditions, has the power to *cause* them in the healthy person.

I speak from large experience and observation when I assert that the provings of all drugs which have been used empirically has demonstrated that they have the power and do really cause all the symptoms and physiological states which they have cured when used in disease.

Before there had been any provings made with *Mercury*, *Sulphur*, *Podophyllum*, *Cimicifuga*, and *Nux vomica*, it is a matter of medical history that they had cured all the prominent symptoms which are now found in their pathogenesis.

Several years ago I was attacked by the late Dr. Lippe—peace to his ashes—for advising the use of unproven drugs. This led me to investigate the source of the symptoms recorded as belonging to the pathogenetic effects of some of our older remedies. I happened to select *Millefolium*, and I found that of the nearly one hundred symptoms named by Lippe as characteristic, only eighteen were originally pathogenetic. All the rest were originally empirical symptoms.

The same may be said of a great many of our most valued remedies. To restrict our use of drugs to those which have been proven according to our methods, is to neglect many valued remedial agents.

Why should we wait for provings in the case of drugs whose pharmacological history is trustworthy. They *must* be homœopathic or they could not cure. Hahnemann recognized the value and im-

portance of clinical or curative symptoms, for he distinctly teaches that when symptoms not in the provings of a drug disappear under its use, they are to be incorporated into the pathogenesis of that drug.

His *Materia Medica Pura* abounds with such symptoms, and his *Chronic Diseases* is largely made up of curative symptoms. A large proportion of those symptoms which are in *italics* and marked with a star were originally clinical symptoms, which have been elevated to their high position by being verified again and again both as curative and pathogenetic.

I will venture to assert that many of the most important symptoms which we habitually use as a guide to the administration of our remedies, are clinical symptoms which have not yet been verified as pathogenetic.

I will now discuss the second proposition; namely, that we can use homœopathically unproven chemical compounds, whose elements have been proven. It has been an established dogma of our school that each chemical compound must be subjected to a physiological proving before we can use it as a therapeutic agent.

It has been taught that every compound must go through this process; that each one is a new and unknown drug, possessing powers not belonging to either of its component parts. Now, does it not occur to any of you that this dogma is unsupported by a single fact?

There has never been any argument set forth of a scientific character which is absolute or relative proof of such a theory. Let us look candidly into this matter, and examine it as if there had never been such a theory propounded.

Every simple chemical element is composed of certain individual molecules. They are unlike the molecules of any other substance. In these molecules reside all the powers and medicinal virtues of the element. The molecules of other elements may be similar in their atomic make-up, but they cannot be identical.

They are indestructible; they are unique; they can never be destroyed. You may break them up into atoms, but the atoms will unite and form the original molecules. You may unite them with the atoms of other elements, but the identity of the original molecules can never change their character. They will carry their pecu-

liar medicinal power with them into all possible combinations. Their power never varies in quality, only in quantity.

In the proto-iodide of Mercury the atoms of each are in equal numbers; in the bin-iodide there are twice as many atoms of Iodine as of Mercury. The medicinal effects of the Iodine are twice as intense in the bin-iodide as in the proto-iodide. The pathogenesis and medicinal effects of these two preparations prove this, and it is so understood by all who use them.

Now, in view of these facts, I contend that it is not necessary to prove any compound provided we have a good pathogenesis, of the two elements of which it is composed. There is nothing in the pathogenesis of the iodides of Mercury that should not be found in a perfect pathogenesis of Iodine and Mercury. The same can be said of the iodides of *Potassium*, *Arsenic*, *Iron*, and *Calcium*. If you will closely study the provings of these drugs, you will see that I am not wrong. This is not mere theorizing, for I have demonstrated the truth of this proposition, many times, in my practice. I have used the iodides of Gold, Silver, Zinc, and Antimony successfully, selecting them by the symptoms in the pathogenesis of their elements.

The use of these compounds, will do away with the alternate use of the elements of compound drugs, which is a favorite practice of our school. I see nothing in the proposal to use unproven chemical compounds which can violate in the slightest degree the doctrines of homœopathy.

In conclusion I will venture a few observations on the experimental use of some agents from the vegetable kingdom, about which we know nothing empirically, or pathogenetically. I contend that we may use certain of these drugs, in the full belief that we are using them homœopathically. I will draw from my own experience. It is my firm belief that all the members of the family of *Cactaceæ* have a specific affinity for the heart. Having used in practice *Cactus grand.*, *Cactus serpentaria*, *Cactus bonplanti*, and *Anhalonium Lewini*, I proceeded to experiment with other species. All the species which have been proven, cause in general palpitation, arrhythmia, feebleness of the pulse, dyspnœa, and constriction of the heart.

I procured the tincture of *Cactus Williamsii*, *Cactus flavispinus*, *E. ornatus*, and *Anhalonium fissurata*, and when I had cases pre-



senting the above-named symptoms, prescribed one of the unknown species. I found that each one alleviated the symptoms in question.

If we study the provings of the family *Liliaceæ* we find they all cause cardiac disturbances, viz.: *Scilla*, *Asparagus*, *Convallaria*, *Lilium tigrinum*.

Now, we have good reasons to believe that other species of *Liliaceæ* will act similarly on the heart, and if I could not procure the above-named species, I would not hesitate to use any other species where the proven species were indicated.

The late Dr. C. Hering once wittily and truthfully observed that remedies were sometimes "born breech foremost;" meaning that we may be able to collect a good clinical array of symptoms before we have any pathogenetic.

Those of you who were conversant with the early history of *Helonias*, *Viburnum*, and *Aletris*, will remember that I collected an extensive array of clinical symptoms, as a guide to their use in practice before we possessed a single pathogenetic symptom.

But when provings were made of those drugs, lo! the symptoms were almost identical with the clinical symptoms first collected and recorded.

Could any argument in favor of the truth of the homœopathic law, be more convincing? Could any better proof be presented of the propriety of using those and other drugs, empirically before they are proven, trusting to their homœopathicity? I cannot agree with those of our school who demand that before we can use drugs to heal the sick, we must have provings of them upon the healthy.

Hahnemann does not teach such a doctrine. Hering never taught that it is absolutely necessary. I believe that trustworthy curative symptoms are just as valuable, and often more, than the trivial sensations, so often found in our materia medica.

## WHICH IS SCIENTIFIC MEDICINE?

### A COMPARISON OF ALLOPATHY AND HOMŒOPATHY BASED ON A STUDY OF ARSENIC.

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#### PART FIRST—IS THERE A LAW OF CURE?

"We have seen that intellectual advance has been dual—has been towards the establishment of both a positively known and a positively unknown.

"To speak specifically, though we can never learn the nature of that which is manifested to us, we are daily learning more completely the order of its manifestation.

"The 'order of manifestation' is but another expression for 'that ever more clearly discerned,' 'that constant course of procedure' which we call Law."—Spencer's *First Principles*, chap. Laws in General, 1864.

TO-DAY the allopathic school of medicine—the self-styled regular, rational, physiological, scientific school—is without "a constant course of procedure" which may be called "a law of cure." This school still proceeds upon a confessedly "empirical" basis, governed and directed by no general principle of cure. Of this empirical method divorced from any common rule of procedure, Comte well says: "It is clear that, scientifically speaking, all isolated empirical observation is idle and even radically uncertain; that science can use only those observations which are connected, hypothetically at least, with some law; that it is such a connection which makes the chief difference between scientific and popular observation, embracing the same facts but contemplating them from different points of view; and that observation, empirically conducted, can at most supply provisional materials, which must usually undergo ulterior revision."\*

"Materials may be furnished by such observation in different departments, and such observation may be necessary, but it cannot be called science."†

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\* *Positive Philosophy*, vol. ii., p. 81.

† *Ibid.*, p. 67.

The first consideration to which we now address ourselves will be an examination of "the materials furnished" by the "empirical observations" of our allopathic confreres.

The second and last consideration will be, whether by "ulterior revision," any "order of manifestation," any "constant course of procedure" may reasonably be deduced from the facts presented.

For this purpose I have chosen an author and teacher of acknowledged authority in the allopathic school, who has set forth all the facts in the case, and furnished all data used in the present discussion. These may be found in a work entitled, *Therapeutics and Materia Medica*, by Alfred Stillé, M.D., professor, author, etc. Fourth edition. 1874. A later edition has been published, but no essential change has been made in the facts observed in the particular drug in question, nor has there been enunciated any new principle, guide or rule for the selection of the drug in its "remedial use."

Arsenic, as indicated in our title, is the remedy chosen for consideration. The same methodical plan followed by our author in discussing other drug-phenomena is used in treating of arsenic. This is, in brief, under the following heads:

*Description*, relating its chemical and pharmaceutical preparations and the dose advised in each.

*History*, being a combined statement of its action and curative use, from the time of Dioscorides down to the middle of the nineteenth century.

*Action*, setting forth the effects of arsenic. "On Plants," occupying about one page; "On Animals," occupying about two pages; "On Man," covering eleven pages, and setting forth the effects of moderate doses, from external application, from working in mines, from the use of arsenic in the arts, and from poisonous doses.

*Modus Operandi* is an attempt to draw conclusions from a comparison of the action of arsenic on man, with the phenomena of the normal, healthy functions, states and tissues. This part covers less than two pages, and is intended as a connecting link between the preceding and the next topic.

*Remedial Employment*, covering nearly fifteen pages, sets forth the curative powers of arsenic, and warns where it will not be found useful.

*Treatment of Poisoning by the Drug* is the last topic.

Two series of phenomena are set forth in the above, and one is

implied, that will claim consideration. The chemical and pharmaceutical descriptions are foreign to the present discussion, as is also the dose, except incidentally ; so also is the treatment of poisoning by the drug. The history is really but a part, on the one hand, of the "action of the drug on man," and, on the other, of its "remedial employment," and will be distributed to each topic as it belongs. This leaves to be considered the two distinct series of phenomena, the "Action on Man" and the "Remedial Employment," together with the conclusions in "Modus Operandi."

No better place for considering the last will be found than at this point.

The conclusions are of two sorts, positive and hypothetical.

The positives are :

"That it has a wide diffusion through the economy" (827).

"That its effects are essentially the same, however introduced."

"That its action is not merely local" (827).

"That its chief morbidic (and curative) operation is upon the system at large" (827).

These positive facts are all post-mortem conclusions, and the author makes no attempt to draw any practical use from them in healing the sick. As a contribution to physiology they may be useful in telling how badly a system may be used up if arsenic be taken into it in poisonous quantities. To the therapist they are of no assignable value, as far as any use may be made of the knowledge gained, except in the rare cases of poisoning, *and then only for prognosis.*

The hypothetical conclusions are :

"That the blood is the *probable* seat of the change upon which its sensible effects depend" (827).

"That the facts (recited) *appear* to furnish grounds for believing that, in sufficient doses, arsenic tends to disintegrate the blood, etc., and *possibly* also to attack still more directly the vital principle upon which the normal qualities of the blood depend" (827-828).

"This theory," says our author "is not inconsistent with the results obtained by the administration of arsenic in small doses, and which have led to a tonic virtue being attributed to it. In such doses it unquestionably stimulates the stomach, *either* by its direct action or by its secondary operation, and probably at the same time promotes the secretion of the liver, pancreas and mucous glands" (828).

"Indeed, arsenic has," he continues, "in common with the irritant condiments (pepper, mustard, etc.), this quality, that when the habit of using it is suspended, digestion languishes and the health declines" (828).

"If," he further says, "we attempt to form a general idea of the mode of action of arsenic, in medicinal doses, we shall *probably* feel justified in concluding that it radically modifies the function of nutrition, and hence is fully entitled to be ranked as an alterative. It is held by some authorities to directly restrict oxidation of tissues, particularly of fat" (828).

These are all the important conclusions, if any one of them can merit that title, reached by our author. A mere casual review of them will at once demonstrate that they have been reached by comparing the effects of arsenic upon the healthy man, with the phenomena of normal health.

Of what possible use can it be to know that the blood is the probable seat of change, that arsenic tends to disintegrate the blood, and possibly to attack the vital principle?

If that be the case why give arsenic at all?

To head off any such logical and just conclusion, our author hastens to assert, "that this theory is not inconsistent with the tonic action of arsenic in small doses, for do not other irritant poisons act also as a tonic?" "And yet," he adds, "when they are suspended, digestion languishes and health declines."

Why, then, use them at all? Can there be any possible connection between this last statement and their tonic use? Evidently our author does not think there is. "If now," he continues, "we would form any general idea of the action of arsenic in medicinal doses, we shall *probably* feel justified in concluding that it radically modifies the function of nutrition, and hence is fully entitled to be ranked as an alterative."

On what ground, pray? After showing that it is essentially an irritant poison, that it attacks, in all probability, the vital principle, that in a few cases it increases the appetite, etc., "that when the habit of using it is suspended, digestion languishes and health declines," why is it not much more safe to conclude with Geoffroy (p. 812), that "Let it be never so much prepared and corrected, its deleterious qualities are only lessened, but never wholly removed; and, therefore, though it may be a good remedy for the present, it

will afterwards prove a poison and bring on very dismal symptoms. Arsenic, therefore, in my opinion, is worse than the disease (fever) itself" (812).

This man, Goeffroy, was a worthy reasoner, and his conclusions are impregnable from any comparison of the "effects of arsenic upon man" and the physiological state called health.

We pause to note one conclusion farther: "It is held by some authorities that arsenic directly restricts oxidation of the tissues." We are also told "that when arsenic is taken in small doses, so as not to act as a poison, it causes "the skin to become warmer, the pulse fuller and more frequent, the muscular system more active, and the whole organism becomes invigorated, freer and lighter in its movements, and even the mind improves in activity and power" (820).

Now if any one conclusion of physiology stands more firmly than another, it is that every motion and every nerve impulse is accompanied with tissue destruction. How, then, can this increased activity be attended by retarded oxidation?

For more than eighteen hundred years, if we count from the time of the beloved Dioscorides, the school of rational medicine has been wandering without a guiding reason in the barren wilderness of comparing drug-effects with the state of health.

To-day they are no nearer, if we may take their own word for it, to the promised land of a general law which shall express the relation of drug-phenomena to disease-phenomena than when they started on their scientific wanderings.

The children of Israel wandered, we are told, forty years in the wilderness of sin. These indefeasible claimants to the mantle of *Æsculapius*, the only regular physicians and heirs to all the remote past, would have us believe they have been wandering now more than twenty centuries in the wilderness of empirical medicine without so much as catching sight from any medical Pisgah of the promised land of "a scientific law of cure." Is it because the promised land of a therapeutic law was not at hand? Let us see.

If it be desirable to attain to some general rule or law for the administration of drugs, what more reasonable method could be pursued, than to compare the drug-phenomena with sick-phenomena?

In other words, if it is desired to find whether there be any con-

stant relation of one set of phenomena with another, what course is possible for the scientific man, other than to compare the two series in their corresponding parts? Of what use is it to carefully collect the effects of drugs on man, except as a means of detecting cases of poisoning, if these effects will not assist us in using those drugs in curing the sick? How, then, shall we use this knowledge? Is it of any use? Before answering these questions, we must test the value of the drug-phenomena by comparing them with what we have been able to accomplish with the drug empirically, in removing sickness. "The real problem of inductive generalization," says Bain (*Mental Science*, p. 144), "consists in eliminating the regular and constant from the casual and inconstant." With this rule in mind, let us now proceed to compare the two series of phenomena, relying wholly on Stillé for our facts.

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Arsenic causes, in cases of chronic poisoning, the skin to assume a lifeless, earthy hue, the countenance, if not œdematous, is sunken, the conjunctiva is strongly injected, and reddish circles surround the eyes (825). "The face had (in a case given) a greenish tint; gradually the secretion of urine ceased and the patient died" (823).

Arsenic cures chlorosis, "causing in young persons of chlorotic tendencies blooming complexion and a fuller figure" (822).

Arsenic causes impairment of all the functions of the nervous system (chronic poisoning in work-shop or mines) (824); (acute) (826).

Arsenic increases the activity of the whole system, body and mind (818, 820).

Arsenic causes, in chronic poisoning, loss of memory (819), and great dulness of all the mental powers (825).

Arsenic increases mental activity (820), courage, pugnacity and general vigor (822).

Arsenic causes great depression and faintness (817, 818, 819), great irritability, depression and prostration (819, chronic), exhaustion, uneasiness, restlessness (one dose, 824), great apprehensiveness (817), unutterable anguish (825).

These symptoms may accompany inflammatory processes in other physiological spheres, as in the respiratory (818, 819, 824), digestive (818, 819, 824, 825), or sexual (825); or they may occur inde-

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pendently of any inflammatory action in other spheres, but showing "a powerfully debilitating influence on the circulation or on the nervous system" (826).

Arsenic is curative in intermittents of malarial origin (830), in chest (838), abdominal (837), rheumatic troubles (835), and other less clearly defined affections (837), and in uterine complications (839), all of these being accompanied by some or many of the above symptoms, and a "long list of nervous complications, attending depression and prostration" (830-838).

Arsenic causes headache (817), headache with sensitiveness and tension of the scalp (817), chronic headache (820), violent headache, with great prostration (817), neuralgia (819), neuralgic pains over the whole body, but especially in the hands and feet (825).

Arsenic cures headache, intermittent (832), neuralgic (837), also, "intermittent neuralgia is that form to which arsenic is peculiarly adapted" (836), though it is not confined to this (836), "is more efficacious in neuralgia than in intermittent fever" (837).

Arsenic causes convulsive movements in the articulata (814), in the vertebrata, in fish (814), birds (814), mammals (814), and man (817, 819, 824).

These are sometimes shown in trembling of the limbs (824), or in general convulsions (825).

These convulsive movements are a very constant symptom of severe cases of poisoning, either acute (824) or chronic (820).

Arsenic is a most remarkable remedy in the cure of chorea; "it was employed in over two hundred cases without a single failure" (836).

Arsenic causes fever, accompanied by nausea, vomiting and prostration (817), severe bilious fever (819), flushes of heat, especially of the head and abdomen, with cool perspiration of the forehead and cheeks (824), cold, clammy surface, rapid, often very irregular pulse (825), constant slow fever, with continual loss of flesh, and pulmonary troubles (820, 825).

Arsenic is curative, as above stated, in intermittents, as also in periodical fevers (812, 813, 829, 832), greatly benefits hectic fever, and in some cases seems to have cured phthisis pulmonalis attended by hectic (838).

Arsenic causes ophthalmia (819, 825).

Arsenic cures ophthalmia, especially if associated with impetigin-



ous eruptions (835) but (arsenic causes impetiginous eruptions, 820).

Arsenic causes great dyspnoea and palpitation of the heart, with debility (820), also spasmodic cough and asthma (819).

Arsenic cures dyspnoea (Dioscorides) (811), also asthma and asthmatic affections (837), as well as palpitation of the heart and intermittent pulse (832).

Arsenic causes severe præcordial pain and constriction (818), intolerable pain and spasms of the chest, with anxiety and burning (825).

Arsenic cures severe forms of angina pectoris (836).

Arsenic causes hoarseness and sore throat (820), severe coryza, chronic bronchitis (819), labored and painful respiration, oppression of the chest, cough, extreme wasting of the flesh, and hectic fever (824).

Arsenic cures chronic bronchitis, "especially when long-continued purulent secretion has given rise to a hectic condition" (838).

"In hospital practice, arsenic often produces radical alterations in the state of consumptives, giving them strength, appetite and flesh, and when the disease is not too far advanced, or is not of the acute type, it often palliates the symptoms of the most advanced stage; some rare cases even show its power to cure" (836). In both these affections, when the dyspnoea is marked, arsenic becomes a most eligible remedy (provided no contraindication exists in the condition of the stomach), especially if given in very small doses, such as one drop of Fowler's solution after each meal; "but whenever there is a tendency to irritable stomach, or to diarrhoea, it is positively contraindicated" (838).

Arsenic causes a metallic taste in the mouth (826), dryness of the mouth and fauces (816, 818), a scalded condition of the lips, tongue and buccal surface (818), constriction of the pharynx, œsophagus, and even of the stomach (814, 816, 817, 824), thirst, which may become insatiable and intolerable (817, 818, 819, 824), loss of appetite (814, 818, 824), chronic dyspepsia, chronic indigestion (824, 826), severe nausea and vomiting, very persistent vomiting and retching (816, 824, 825), burning of the stomach and bowels, severe diarrhoea, with burning and tenesmus (816, 825).

Arsenic cures dyspepsia, gastralgia and gastrodynia (837, 838), chronic inflammation of the stomach (837), improves appetite and restores digestion. Giving this cures the mouth and throat symptoms, & hectic (838).

Arsenic causes an increase of urine (820), dysuria, scanty urine, bloody urine, suppression of urine (820, 825), fatty degeneration of the kidney (824), albuminous urine (824).

Arsenic also causes burning and itching of the female genitalia, advancing even to excoriation (825).

Arsenic cures diabetes associated with prurigo (839).

"Devergie, in 1864, noting how frequently prurigo was associated with a saccharine state of the urine, declares that arsenic has cured, in several instances, both diseases at the same time."

Arsenic causes profuse menorrhagia (825).

Arsenic cures menorrhagia; "In most cases cured, the patient was feeble rather than sthenic." "It has been found not only of value in atonic menorrhagia, but in the acute form, after depletion had been resorted to" (839).

Amenorrhœa. "Dr. Simpson used it successfully in amenorrhœa, as well as in that peculiar affection of the bowels characterized by a copious discharge of membranous shreds, and accompanied by a long train of neuralgic and other nervous symptoms" (836).

Arsenic causes, as found by "Lolliot, in experimenting upon animals, the lining membrane of the intestine to become injected, and the colon to be filled with a fibrinous exudation in concentric laminæ" (815).

Prof. Boehm, of Dorpat, "found, in experimenting upon animals, a thick, yellowish, tenacious exudation, formed entirely of white corpuscles and constituting a false membrane, under which the mucous membrane was found dotted with ecchymoses, and for the most part destitute of epithelium" (816).

"A deposit of tough, coriaceous fibrine is found on the surface of the intestine, in man" (826).

Arsenic causes "pains in the spine and limbs, the joints become swollen and stiff, the skin grows rough and scaly, and the disorder of the nervous system is shown by great irritability, depression and prostration" (819).

Arsenic cures chronic rheumatism, rheumatic arthritis, "nodosities of the joints" (835).

"Bardsley thought that it was only in protracted chronic rheumatism, where the vital powers were much diminished, and the ends of the bones, periosteum, capsules or ligaments of the joints are

likewise affected, that the use of arsenic is likely to prove eminently successful" (835).

Arsenic causes gangrenous ulcers to form on the legs (826).

It also causes gangrenous ulcers to form wherever it is applied to a broken surface (816), or to a mucous tract, as the female genitalia (817).

It causes ulcers in the nose (820); in the mouth (818).

Arsenic cures ulcers of the nose (811), of the mouth (811), and of the rectum (811). Arsenic is especially efficient in cancer of the nose, cheeks and surface of the extremities (820).

"Arsenic has cured cancer in thirty well-marked cases" (840); it cures cancer, either by direct application to the diseased part, or by this method combined with internal administration (840); but arsenic is very likely to be absorbed when applied to an open surface (817, 818), hence it is probably taken up in some degree in the cases not manifesting systemic effects.

Arsenic causes the skin to become rough and scaly (819), the epidermis to scale off (825); erythema (820); desquamation and eczema (823).

Arsenic cures especially scaly eruptions and chronic eczema (832).

Arsenic causes psoriasis (824), general psoriasis (823); papular itching eruptions (820); pustular eruptions (825); livid and raw eruptions (817, 825).

Arsenic cures psoriasis lepra (832); psoriasis inveterata (833); lichen (832); and chronic pemphigus (835).

Arsenic is not useful in syphilis (833); but arsenic is curative in *scaly* syphilitic skin diseases (835) (812).

The foregoing facts briefly summarized are as follows:

Arsenic causes a chlorosis; and cures a chlorosis.

Arsenic causes an impairment of all the functions of the nervous system.

Arsenic increases the activity of all the functions of the nervous system.

Arsenic causes loss of memory and great dulness of all the mental powers.

Arsenic renders more active all the mental powers.

Arsenic causes great irritability, uneasiness, apprehensiveness, prostration, and exhaustion, in connection with other manifestations.

Arsenic cures in diseases where these symptoms are especially prominent and manifest.

Arsenic causes neuralgia of a certain type; it cures neuralgia of that certain type; especially intermittent.

Arsenic causes spasmodic movements; cures chorea.

Arsenic causes fevers of a certain sort.

Arsenic cures fevers of the same sort.

Arsenic causes ophthalmia. Arsenic cures ophthalmia, especially if associated with impetiginous eruptions. But arsenic causes impetiginous eruptions.

Arsenic causes dyspnoea, and cures dyspnoea.

Causes asthma, cures asthma.

Causes severe præcordial pain, constriction, spasms, anxiety, etc.

Cures severe angina pectoris.

Causes chronic bronchitis, with hectic, etc.

Cures chronic bronchitis, hectic and associated symptoms.

Causes dyspepsia; cures dyspepsia.

Causes gastrodynia; cures gastrodynia.

Causes inflammation of the stomach; cures inflammation of the stomach.

Causes loss of appetite; cures loss of appetite.

Causes burning in the stomach; cures gastralgia.

Causes increased urine, with certain attendants; cures increased urine with the same attendants.

Causes menorrhagia with certain attendants; cures menorrhagia with like attendants.

Causes a fibrinous, false-membranous deposit on the mucous surface of the intestines; cures copious discharges of membranous shreds from the bowels, attended by other symptoms like those produced by arsenic.

Causes rheumatism; cures the same peculiar sort of rheumatism.

Causes ulcers of the nose; cures ulcers of the nose.

Causes ulcers of the mouth; cures ulcers of the mouth.

Causes ulcers on the legs; cures ulcers on the legs.

Causes gangrenous ulcers; cures cancer on the same parts.

Causes scaly eruptions of the skin; cures scaly eruptions of the skin.

Causes eczema; cures eczema.

Causes psoriasis; cures psoriasis.

Causes pustular eruptions; cures pustular eruptions.

Does not cure syphilis; but cures syphilitic skin diseases that have a scaly manifestation.

The most casual observer must acknowledge that we have here a remarkable "order of manifestation" as well as a very "constant course of procedure." If this be not the case, how much further testimony is needed from which to draw a conclusion? However much that may be, it will all be found in Stillé. Let any one who doubts set about comparing the two series of phenomena in any drug in which both series are well developed; in mercury, for example. One will find the "coincidences" all pointing the same way, and the exceptions few, indeed, and readily explicable.

Let us turn to the most serious apparent exception in the drug under consideration. Stillé says (838), in speaking of the use of arsenic in the hectic of consumption and chronic bronchitis: "When the digestive powers are feeble and emaciation is progressive, there is no doubt that, like other medicines, it may improve the digestion and delay the downward course of the disease, *especially if given in very small doses*, such as one drop of Fowler's solution after each meal; but whenever there is an *irritable stomach*, or a tendency to *diarrhœa*, it is *positively contraindicated*."

Now it is beyond question that arsenic causes an "irritable stomach and a tendency to diarrhœa." Why, then, is it positively contraindicated here? Our author says, under the circumstances named, arsenic may be useful, "especially if given in very small doses, such as one drop of Fowler's solution after each meal."

Arsenic after meals is much less active than on an empty stomach (837). Hence, not only does he advise that the dose be made very small, but that it be administered under such circumstances as will give it the least chance to affect the system. All this goes to show that arsenic is "positively contraindicated" in the doses of Romberg (837), but is indicated "in such timid doses as might be given by a homœopathic quack." \*

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\* Romberg, speaking of the treatment of facial neuralgia, says: "The united testimony of various observers agrees in according to arsenic the chief place among metallic preparations; but it will not do to rest contented with such timid doses as might be worthy of a homœopathic quack. It must be exhibited in increasing doses, from three to ten drops of Fowler's solution, two or three times daily; it

Hunt "maintains that the curative powers of the medicine reside *only* in doses too small to be mischievous, although sufficient manifestly to affect the economy." This is what the homœopath has believed for more than fifty years, and what he vigorously has maintained all that time.

Hahnemann said, more than fifty years ago (*Organon*, sect. 275): "Too strong a dose of medicine, though quite similar to the disease, notwithstanding its remedial nature, will necessarily produce an injurious effect." So we see that Hunt is at one with Hahnemann on this point, and Stillé is only one step behind in seeing the truth.

If now it be granted "that the real problem of inductive generalization consists in eliminating the regular and constant from the casual and inconstant," we shall find no difficulty in reaching the conclusion that arsenic cures diseases very similar to those it causes in its "action on man." Will our friends prove from a like comparison of the two series in mercury or ipecac, for example, or any other drug which has both series thoroughly developed, that it is not equally true in those drugs also. Is it likely that our allopathic friends will adopt this plain induction from their own facts? Perhaps some of them may, but not all by any means. And why? It is required of one who would arrive at any new truth to have an utter disregard for present views or former conclusions, when these run counter to the leadings of plain induction. There must be something of the greatness of Confucius in their mental calibre, of whom it was said by one of his disciples, "there were four things from which the master was perfectly free—He had no foregone conclusions, no arbitrary pre-determinations, no obstinacy and no egotism."

If our allopathic friends will carry such a spirit as this into their investigations, and will seriously compare the "action of the drug on man" with the "remedial employment," as laid down in Stillé's two ponderous volumes, they will combine with homœopaths in writing as a *constant law of the relation* between these two series, *similia similibus curantur*.

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should be persevered in until the toxic effects show themselves in sickness, a sense of fainting, formication in the toes and fingers, dryness of the fauces and a white tongue; then a pause should be allowed, and the solution resumed as soon as those symptoms have subsided" (837).

PART SECOND—IS THIS A LAW OF CURE, OR THE LAW OF CURE?


In considering this problem it will be necessary to take into account all the factors that may modify the conclusion. As the general and inexorable law of gravitation enters as a prime factor into all problems of motion, whether of a toy cart or a railroad train, as the path of all projectiles—whether of a pop-gun or of a hundred-ton parrot—is modified by the same universal law, and still in solving the problem account must be taken of friction, inertia, resistance of the atmosphere and point of application of the force, if a correct solution is to be rendered, so it is more than likely that some or many modifying forces may need to be considered in weighing so complex a problem as the restoration of health in a diseased organism. While, therefore, if confidence may be placed in any scientific induction, we may assert from the showing of allopathic works themselves that the relation of drug-effect to disease-effect is one of the closest similarity in all cases of drug-cure, still it may be asked, may there not be other ways of reaching the desired end—other methods of cure? We have seen that all degrees of similarity may exist from slightly similar in only one or two points to closely similar in all leading points, and that the more points of strong resemblance there are between the action of the drug and the manifestation of the disease, the more surely will a large dose aggravate rather than alleviate the disease, and further that this point is sustained by allopathic observation without, however, recognizing the reason, and that it tallies perfectly with a corollary laid down by the founder of homœopathy above half a century ago. This much has been established, and it only remains to demonstrate the same points over and over again, from the whole scope of allopathic materia medica, in the case of every drug in which the two series of phenomena are fairly well demonstrated and the curative failures and successes are accurately recorded. It still remains to consider what other facts entering into the restoration of health or modifying treatment or in any way affecting the results of cure have been omitted. Two general forms of non-health have been recognized from prehistoric times—the surgical and the non-surgical, or medical. The former calls for some mechanical interference, as the restoration of a dislocated joint or the coapting of a fractured bone; while the latter, which is usually in the nature of some derangement of a physiological function of

the nervous, respiratory, digestive, circulatory, assimilative or excretive functions, has usually been met by the administration of drugs.

Functional derangement of the system, if long continued, often results in organic modifications, or organic modifications of healthy tissue may arise from other causes.

But no matter what the source, the resulting deviation from the normal state we call health has, from time immemorial, been treated by the use of drugs. Now it frequently happens that a given state of non-health cannot be classed strictly under either of the above heads, but has elements common to both; as, after the reduction of a fractured hip, there may remain the surgical shock or a surgical fever, which must be controlled by drugs before the state can be called normal. So, also, what at first sight might be called a medical case of constipation may, from long impaction, require mechanical intervention to assist the removal of the hardened mass. Those whose chief effort is in the line of mechanical interference have long been recognized as a particular class of specialists under the name of surgeons, while the therapist proper has not been sharply differentiated; most doctors, as the therapists are termed, being required to know more or less of surgery. But these two are not the only methods of restoring health. That method which seeks to remove the causes of disease—all noxious influences in the air we breathe, the water we drink, the food we eat; to regulate clothing, houses, temperature, sleep, exercise, rest, recreation—in short, to guide in a normal channel all the activities of life, to render the environment as nearly perfect as possible,—which, under the name of hygiene, is claiming attention as never before in the history of civilization,—this method of cure is often quite as necessary as either of the others in the process of restoring health.

So also is another, though less easily defined force, recognized from a remote past under the term *vis medicatrix naturæ*. This is that constant tendency of a living organism to return to the normal state when once the equilibrium has been disturbed. In the young, strong, and active this force is very potent in overcoming diseased states; in the aged, or those weakened by previous disease, the natural tendency to return to health may be very slight. A gentleman was thrown from his carriage by a runaway team, sustains a compound fracture of the humerus and severe scalp wounds, though there seems





to be but little concussion of the brain. He became at no time insensible, and was conscious of all that happened at the time of the accident. The best of surgery attends to the fractured bone and the wounds; surgical fever complicated with malaria sets in, and the proper drug is administered for the relief of this complicated febrile movement; no pains are spared to make the environment as perfect as good nursing and the best hygienic measures can render it; if the patient be a man of between forty and fifty he will probably recover; if between seventy and eighty the case becomes very doubtful and the prognosis needs to be very guarded.

It not unfrequently happens that what is due to one of these laws of cure is accredited to another and, as might naturally be supposed, it is far from easy in every case to divide the whole account in a thoroughly satisfactory manner. Nevertheless, he who would have a just appreciation of what drugs may do and what is really accomplished with drugs in certain cases of cure or failure to cure, must ever keep these four restorative measures in mind. Besides the curative force in drugs, which they exert by reason of an action similar to the disease, there remains to be noticed another action, which may justly be called surgical or mechanical.

A case of obstinate constipation presents itself for treatment and a drug is administered that greatly augments the watery secretions of the bowels; the delayed evacuations are thoroughly removed, the system rid of the unhygienic incubus, the usual tone of health succeeds, the case is cured. Did the drug cure in this case? Yes; but in a very modified sense. The same thing would have been accomplished by a thorough clyster. In either case the cure was a surgical, a mechanical cure.

The drug did what any feasible mechanical removal of the delayed evacuations would have done, and perhaps did it even less efficiently. But suppose the case is one of chronic constipation. When the mechanical removal has been accomplished, whether by clyster or drug, is the case then cured? If it were, how many who to-day are more or less invalids would be sound of health? What are you to do with such cases? The *vis medicatrix naturæ* seems wholly to have lost the power to hold the helm when once it is placed in her hand. There are cases of this class that may be helped by the most careful hygienic measures; the careful selection of foods, the most strict attention to environment, together with a mechanical aid now

and then from drugs, will benefit, or even cure, many cases. The *vis* is braced up from time to time by these mechanical aids, and finally regains control.

In other cases all these measures utterly fail, and finally, after having worn out all three—mechanical, hygienic, and drug-mechanical—the patient invokes the curative powers of drugs, leaves the allopathic treatment, consults the man who gives drugs according to a fixed, pre-determined, inductive law of cure, and the constipation is removed by a drug capable of causing constipation of that peculiar character in “its action on man.” This patient has been cured by genuine drug-action. By the curative force residing in drugs *per se*.

It is natural that the line of thought and conduct most frequently pursued should in any given case most strongly present its claims. Hence those who are most accustomed to invoke the curative powers of drugs fail to use, and often fail to recognize their mechanical value. Some will even go so far as to deny they have any mechanical value worth recognizing at all. While this may be, and doubtless is, true in most cases, it by no means follows that it is true without exception. Cases do arise where the chances of benefit are so evenly divided that either course offers about equal promise for recovery, and both are perfectly safe. A child has overloaded its stomach with unripe fruit; the digestion is unable to cope with such a task; what had best be done? You may force an emesis, and thus relieve the system of the offending materials, or you may give the indicated drug, and the stimulated digestion masters the contents of the stomach, and nothing more is heard of the trouble. The action of the one is mechanical, of the other physiological and curative; either is a safe course. Other cases might be mentioned where the mechanical use of drugs seems beneficial for the time being, and where the system, freed from unhygienic material obstructions, has been able to regain its tone and resume its normal functions. Such are, I believe, all cases of so-called cures arising from the use of drugs other than after the homœopathic teaching.

The allopathic grouping of drugs, as emetic, cathartic, diaphoretic, diuretic, etc., is not only lacking in scientific accuracy, since no drug so classed is strictly of one action only, but as far as it goes, even, it is misleading and inaccurate. These represent only, for the most part, the mechanical action of the drugs so classed, while the real curative action is overlooked or disregarded by this classification. In

classing arsenic as an alterative, its virtues as an anti-periodic, anti-malarial, and anti-neuralgic are ignored, for are all alteratives possessed of these virtues?

The refusal of homœopathy to group drugs at all arises from a recognition of all these natural characteristics, and hence of the individuality of each drug.

And while from one point of view a group of drugs may readily be formed, and their resemblances and differences compared, still as soon as another characteristic is made prominent, the former group is at once broken up, some are rejected, and others quite new are added, making an assemblage entirely different.

In replying to the question raised by the title of the second part of this paper, the following is submitted.

There is a law of cure requiring mechanical interference,—the surgical law of cure.

There is a law of cure that surrounds the sick by the most favorable environment, called the law of hygiene.

There is, in the nature of our constitutions, a tendency to return to the state of health, *a vis medicatrix nature*.

There is a mechanical use of drugs possible which shall act in accordance with the principles of mechanical interference, and which, by removing mechanical obstructions to the performance of the natural functions of the economy assist the natural forces to again assume control; such mechanical or unhygienic hindrances may be removed, also, by other methods than drugs.

That this mechanical use of drugs is expressed by the formula, *tolle causas*, etc., and applies to only a very limited number of cases of sickness.

That when the above-mentioned laws have been exhausted, there remains a large residuum of cases to which they do not apply, and for the cure of which they are powerless.

That it is to this class of cases the real curative powers of drugs are properly applied.

That the law for the administration of drugs in these cases is easily determined by comparing the well-authenticated and abundant experimental action of any given drug "on man" with the well-authenticated and numerous cures made by the same drug in its "remedial employment," and that in making these comparisons the mechanical effects of the drug are of little or no value.

That these two classes of phenomena are all that can enter into the solution of the problem for finding a rule, or law, for the application of drugs in respect of their curative powers.

That all well-attested phenomena of these two classes, when carefully compared, point unmistakably to the existence of a uniform law of action, expressed by the formula, *similia similibus curantur*.

That in the application of this law it is needful to note that the more closely the drug-action resembles the disease to be cured, the greater is the danger that the dose will be too large for curative purposes, and will act rather to aggravate than alleviate the manifestations of disease. And that the aggravation of a disease by a very similar drug is not a contraindication for its use, but a direct indication for greatly reducing the size of the dose.

That when a drug is selected according to this law of cure, and is matched in all its leading peculiar actions and effects with the leading and peculiar manifestations of the disease to be cured, the question of cure is no longer tentative, nor the applicability of the drug any longer in doubt, but the suitability of the drug to the disease is attested by the strongest inductive reasoning, and benefit may be confidently anticipated.

Hence, that this law of *similia similibus curantur* is not only a uniform law for the application of the curative powers of drugs other than mechanical, but is also the only possible law for the therapeutic use of drugs, since it takes cognizance of all the phenomena entering into a solution of the problem.

*CAMPHOR BROMIDE.*

BY ROBERT T. COOPER, M.D., LONDON, ENGLAND.

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"Thirty days hath September,  
April, June, and November;  
February hath but twenty-eight alone,  
While all the rest have thirty-one."

WHEN reviewing a standard work on poetry, a philosophical critic declared that it is a question whether any poem that has ever been written has proved of such undoubted utility to mankind, at all events to the Anglo-Saxon race, as these mongrel doggerel lines. With variations, these lines are to be found in the mouths of some millions of the earth's inhabitants,—inhabitants, too, many of whom would find it impossible to repeat from beginning to end any one poem by a standard author. Utility has enchiselled these words upon the adamantine tablets of countless crania, to the undoubted amelioration of myriads of misfortunes.—*Laudate Domine.* \*

It is entirely in a spirit of utility that I take pen in hand to write on the subject of Camphor bromide, entirely from a conviction that my intended remarks are of practical utility, well knowing that they fall as short of the scientific standards required by authorities as do the lines above given of correct metrical versification.

Some fifteen years ago my attention was first drawn to Camphor bromide when attending a little baby boy who was sleepless, and to whom a well-known homœopathic practitioner had given grain doses of first decimal trituration of Camphor bromide for sleeplessness.

The prescription at the time seemed to me a most unwise one, and subsequent experience with this powerful agent amply confirms this view.

I, therefore, changed the prescription to *Mercurius sol.*, third decimal, a powder of which, given every night for some few nights, had the desired effect, and the child ceased to be troubled with sleeplessness.

Attention having been called to the drug, I began prescribing it rather frequently, and soon found that it produced so many symptoms when gone on with, and these of a very varied and distressing nature, that I was, perforce, obliged to limit my employment of it. I need hardly say the doses employed were extremely minute; generally the third or the sixth decimal triturations were selected.

But while I found it so generally set up new symptoms, I also found that it very often subdued or took away the old or original symptoms. Thus, that colds, slight feverish attacks of children, coughs, various forms of restlessness, were often at once subdued by it, while, were the remedy persevered in, the almost invariable result was that the patient became in one way or other more than ever complaining.

In one case, in a young girl who suffered from persistent hay-fever symptoms at all seasons of the year, and whose case had baffled some of our most prominent practitioners, grain doses of Camphor bromide, third decimal, gave the most welcome relief; so much so that I allowed her to have a bottle of it in her own keeping. I shall never do this again. Without my knowing it, the patient developed a craving for the Camphor bromide, and on the slightest excuse used to fly to the bottle. Together with a number of other contributing circumstances, this had a most prejudicial effect upon her brain. Melancholia of a most distressing form set in, accompanied by menstrual suppression. The patient remained silent, and refused food for weeks together, until, at a happy moment, I ordered her five-drop doses of *Avena sativa* tincture every fourth hour. This seemed literally to lift her out of her state; a cloud, as she expressed it, seemed to rise up from off her, and gradually her reason became quite restored. But it was a warning never to allow even a dilution of Camphor bromide to be placed in a patient's hands without very precise and limited directions.

Hence, it will be seen why the repetition of a drug like Camphor bromide in infancy is to be severely reprehended.

Noticing the remarkable property possessed by Camphor bromide of subduing all kinds of excitement, all kinds of cell-irritability, I added it to my pocket-case remedies, and, although my present special practice does not call for such frequent prescriptions of it, it still remains an indispensable polychrest.

And it is here that the *raison d'être* of the quotation at the outset

of this paper comes in. If I could give any very precise indications for its prescription, an explanation of, or an apology for, these remarks would not be required.

But there's the rub. My indications for the prescription of Camphor bromide, in the way in which I have been in the habit of prescribing it, are, to a certain extent, wide and indefinite, and I object to satisfying scientific requirements when my experience does not permit me to do so. As stated, utility is my watchword while writing.

To go on with the narrative. Camphor bromide, third decimal, found a place in my pocket-case, and no remedy ever smoothed the rough and thorny paths of my general practice as this did.

You all know how, in the midst of trivial ailments, trivial because easily dispersed by means of our Aconites, Belladonnas, Mercuriuses, etc., we find cropping up every now and then, as if a warning to us to be careful, suddenly developing but obstinate symptoms, such as neuralgias, coughs, and various spasmodic affections, and which the repertorium will tell us to study carefully by means of a ponderous volume, but in which opportunities may not be afforded of proceeding in this desirable Hahnemannian method.

It is in this undoubtedly extensive group of diseases, a group that has as yet received no more definite nomenclature than that comprehended under the most important term of reflex disturbances, that Camphor bromide does so much to assuage the distresses of both patient and practitioner.

Let me call to mind a few instances of its action. I was called up at night many years ago to an urgent case; it was that of a clergyman's wife, aged about fifty, who had been suddenly seized with a paroxysm of dyspnoea, accompanied by the most agonizing pains in the back between the shoulders, with inability to lie down. I took it that she was suffering from a sudden seizure of spasm in the larger bronchial tubes.

I placed a couple of grains of Camphor bromide, third decimal on the tongue, mixed a little as well in a tumbler, and proceeded to leave the house. Her husband stopped me on leaving to know if there was the slightest chance of her recovery; so certain were all in the house that she was on the point of death.

The faith I had in Camphor bromide, enabled me to assure him very positively that in a few minutes all the distress would have

vanished, and on calling the next day had the satisfaction of learning that within ten minutes of having placed the powder on her tongue she had lain down flat on her back and had gone quietly to sleep for the remainder of the night.

Take another instance; I was called to see a rather stoutish woman, the mother of a family, aged some forty years, for the most violently painful irritation over the entire body, accompanied by small eczematous spots, as if threatening general eczema; she had not slept for three nights, and the irritation went on day and night till she was almost driven mad.

Instead of pursuing elaborate investigations in order to elicit the keynote or the similimum, I simply placed my *suggestion specifico* upon her tongue, with the result that, as she afterwards told me, in ten minutes the irritation left her, and she was free from intolerable torture for the first time for three whole days and nights.

After this the eruption soon disappeared under, I believe, *Mercurius iodatus*.

Take another case; I was attending the wife of a gentleman who had a little faith in homœopathy, and heard from her that he was suffering from intolerable toothache. Presently, he entered the room stating that a paroxysm had just terminated. The pains were coming on he said with terrific violence every fifteen minutes in a molar tooth of the lower jaw which had already been condemned, and the worst of it was, said he, "my dentist is out of town till Monday;" it was then early Saturday afternoon.

As was natural I recommended him to see another practitioner of the dental art, but oh, no! "my dentist," he replied, "is an American, and on no account would I allow any but an American dentist to examine my mouth; there is nothing for it, doctor, but to wait till Monday unless some of your little things will relieve me."

Thus challenged, I put a few of my little things in the shape of a few grains of Camphor bromide, third decimal on his tongue, and resumed inquiry as to his wife's symptoms.

A few minutes passed and he exclaimed, "Why, doctor, the pains are not coming on this time!" And he remained perfectly free from them until midnight when they again threatened, but on taking a dose of the Camphor bromide, all pain again ceased, and remained away until the tooth was extracted on Monday.

The tooth was found to be carious at the root, and the nerve itself



was being pressed upon, so much so that the dentist remarked what frightful agony he must have suffered with it.

These were some of my triumphs with Camphor bromide. Another was that of a patient dying of malignant disease of the bladder. He was evidently in great pain, and his features much distorted, although at the time under the influence of Opium. His wife implored me to try and relieve him, and at once the Camphor bromide was called into requisition, as in the other cases. This was towards evening, and, on calling next morning, was met by the query: Are you justified in giving such strong medicine? He had not had it five minutes when his entire countenance changed from a pained and drawn aspect to one of peacefulness and calmness, and looked in every way natural until death released him, as it soon afterwards did, of his sufferings.

These cases, I think, illustrate very fairly the pocket-case employment of Camphor bromide. They are not intended to illustrate anything beyond this. As remarked at the outset, I have noticed widespread and diverse symptoms to follow upon the administration of this bromide, but this paper does not aim at describing these, or at giving any very definite indications for its prescription.

Camphor bromide is a singularly useful remedy for a pocket-case, as it relieves states of high tension in either the entire system or in portions of it in an amazingly short time, and the gain of possessing such a remedy when going our rounds is very great.

It is quite true that it sometimes fails,—ignominiously fails,—but then this is to be determined within ten minutes of its administration, so that, as a rule, the practitioner can advise as to its effects during the course of a short visit.

Then, my impression is that the Camphor bromide renders the patient more sensitive to any remedies that are to follow, for I must strongly insist upon it that for the purpose of relieving any great distress of the system, the bromide ought to be placed—three grains of the third decimal—directly on the tongue, and, as a rule, ought not to be left mixed in a tumbler, as is so usual with other remedies. It, in fact, seems to clear the way for selections that are to follow.

Then, another necessary rule to make in regard to the bromide is on no account to keep repeating it. If it fails, it fails, and there is an end to it. No gain is secured by a continuance of it.

In one case of frightful ovarian neuralgia it gave prompt relief when I was first called in; but when, next day, the attack returned, it absolutely failed; and from this and other cases my inference is that it is useless to push it, and besides, even in the third decimal, I have shown its power for evil, if improperly handled, is very great. After slight operations on the throat, etc., where the patient is more alarmed than hurt, or where, when hurt, the pain is likely to persist some hours, I have found very satisfactory results to follow from the Camphor bromide.

This, then, ends my contribution to the International Homœopathic Congress at Atlantic City. No doubt could I but peep into the midst of you, my exclamation would be that of the describer of of a vision: "Which, when I had seen, I wished myself among them."



ESSAYS  
ON  
GYNÆCOLOGY,  
WITH  
DISCUSSIONS.



*EPILEPSY AS A HYSTERO-NEUROSIS.*

BY JAMES C. WOOD, M.D., ANN ARBOR, MICHIGAN.

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THE term hystero-neurosis, in its restricted sense, implies the uterine origin of symptoms manifesting themselves in organs remote from the uterus, without structural change in such organs, being the direct result of reflex nervous influence starting from the uterus. By common usage reflex symptoms of ovarian origin are also defined as hystero-neuroses, although the term oöphoro-neuroses would more correctly indicate their origin.

If it be true that disorders of the rectum or any of the pelvic organs, outside of the utero-ovarian sphere, produce reflex symptoms—and the evidence that they do so is incontrovertible—it is obvious that the foregoing definition is too restricted.

Nevertheless it is quite comprehensive enough to meet the requirements of this paper. My object is to present upon their merits three clinical cases of epilepsy which, in accordance with the definition given, were hystero-neuroses.

Realizing that the neurologist and the gynæcologist are not of one accord concerning the importance of pelvic lesions as causative factors in the production of nervous symptoms, and especially of epilepsy, I desire to premise the clinical reports with a few general considerations.

The so-called neuroses are but just beginning to receive that attention which, from their importance, they deserve. Those of the genital system constitute but a single group of that varied conglomeration of symptoms which have their origin in any organ of the body. Flint has called attention to the cardiac neuroses, and to Dr. Pratt we owe much for his work in the anal reflexes. The nasal and bronchial neuroses as well as the ocular, are now receiving due attention. It is well known, that under favorable conditions, the slightest derangement or modification of function in a sensitive

organ, so slight as to attract no attention to that organ, may, to use the simile of a well-known writer, cause distant organs to respond most violently—as the alarm gong responds to the tap of a distant button.

The sympathy existing between the stomach and the brain is well known, and the one will quickly respond to any disturbance of the other. It may be impossible to overcome reflex asthma and so-called hay-fever, without directing attention to the hypertrophied posterior nares or the nasal mucous membrane. We are told by the oculist that certain obscure nervous symptoms, and even epilepsy may be due to errors of refraction. As gynecologists, we know that an anal fissure will cause not only most exquisite pain at the seat of the lesion, but may disturb the whole vaso-motor system, giving rise to the most irregular distribution of blood in various parts of the body. I myself have seen a most obstinate reflex paraplegia disappear only after curing a urethral fissure. I cite these well-known clinical facts, simply to show that the utero-genital sphere is only one of many capable of impressing the organism most profoundly in a reflex way; and the absolute necessity of studying the organism as a whole in looking for reflex causes, and particularly when dealing with so occult a disease as is epilepsy.

#### THE DIAGNOSIS OF HYSTERO-NEUROSES.

The most weighty diagnostic evidence in determining the existence of a neurosis is the absence of structural changes in the organ or part involved.

Unfortunately even learned and experienced diagnosticians cannot, for instance, always differentiate between vaso-motor disturbance and slight inflammation, or between a reflex epilepsy and one due to organic disease of the nerve-centres. Englemann has so admirably summarized the essential diagnostic points that I quote from him in full.

“1. A neurosis is probable and may be suspected:

“*a.* By the existence of violent symptoms without corresponding pathological changes or febrile reaction.

“*b.* By the existence of lesions, uterine, or ovarian.

“*c.* By the failure of proper remedies to afford relief.

“*d.* By the aggravation of symptoms in the afflicted organ corresponding to exacerbation of uterine disease.

"2. A neurosis is proven:

"a. If symptoms are not aggravated by causes which are known to aggravate existing pathological changes in the organ affected. Thus the use of indigestible food will not aggravate a gastric neurosis, whilst the most violent symptoms may appear in response to a diet which would seem indicated in disease proper.

"b. If the symptoms are aggravated by causes from which exacerbation of uterine disease may be suspected.

"c. Improvement of symptoms upon treatment of uterine or ovarian disease regardless of any interference with the organ in which the neurosis appears.

"d. By a cessation of symptoms upon improvement or cure of disease."

An attempt to apply the foregoing rules to the subject of this paper suggests the query; does epilepsy ever occur as a hystero-neurosis in the sense in which the term is here used? From present data accurate deductions cannot be made, and dogmatic statements are unsafe. There still remains a large field in the realm of the reflexes which is as yet unworked, but within this field lies epilepsy. I think that there is a pretty general consensus of opinion among both neurologists and gynaecologists that epilepsy may and does occasionally arise from lesions of the ovaries and the uterus. However, as regards the possibility of curing an epilepsy thus caused by removing or curing the offending organ, there exists the greatest difference of opinion even among gynaecologists. I am compelled to admit that the sum total of cures resulting from radical operations upon the genital organs for epilepsy is not encouraging. I contend, however, that the discouraging results are due to a lack of knowledge in selecting suitable cases for operative interference.

The most important distinction to be made between a true central lesion and a ganglionic reflex, is the unfavorable prognosis of the one and the favorable prognosis of the other. An accurate diagnosis is unfortunately often impossible before an operation or treatment has been resorted to. It is owing to this fact that we are unable to select reflex epilepsies with unerring certainty. We are led to suspect the utero-ovarian origin of epilepsy if it recurs at each menstrual period, and if we discover actual disease of these organs, but we cannot be positive until the offending organ is removed or restored to a normal condition. Even then that which, for want of a



better explanation, we designate as "habit" may have so impressed itself upon the nervous centres as to continue operative after the primary lesion is overcome; or, the irritation of a nerve-fibre may continue even after the diseased organ has been removed. In this there is nothing remarkable, since similar phenomena constantly occur under other circumstances. Thus, menstruation will sometimes persist in a vicarious form long after the entire uterus and its appendages have been removed; an epilepsy undoubtedly due to a depression of the skull will not always cease after the condition of depression has been remedied; and an imaginary pain will recur in a foot for years after the limb has been amputated. The first two illustrations are examples of "habit," the last an example of the continuance of irritation by the compression of terminal nerve-fibres at the point of amputation. And so, it is reasonable to believe, an epilepsy primarily due to utero-ovarian lesion, may be perpetuated even though the original lesion be cured, or the offending organs removed.

It is this element of uncertainty which causes gynecologists and neurologists to look with distrust upon the removal of the appendages for true epilepsy. But, it must be borne in mind that, in this instance, we are dealing with a disease whose pathological findings are both uncertain and variable. Different investigators, working along the same line, have come to as many different conclusions. One has declared, that in epilepsy the weight of the brain is increased (Eccheveria); another, that its weight is diminished (Meynert); and still another, that there exists an unequal proportion between the two hemispheres. Again, dilatation of the vessels of the superior portion of the cord; aneurism and atheroma of the blood-vessels; sclerosis of the cornu Ammonis; anæmia of the brain; an increased quantity of the cerebro-spinal fluid; tumors and thickening of the meninges of the brain; great redness and vascular tension in the fourth ventricle (Schroeder, van der Kolb); alteration of the pineal gland; abnormal thickness and abnormal thinness of the cranial bones, and fatty degeneration of some portion of the medulla oblongata, are some of the many changes found *post-mortem*, in epileptics. Indeed, the changes recorded by pathologists are so various, that it is utterly impossible to construct an explanation of the paroxysms upon such a basis.

There yet remains a by no means insignificant number of cases in

which neither the foregoing nor any other morbid lesion, discoverable even by the closest scrutiny, exists. In all nervous affections, characterized by paroxysms, attacks of fits of any kind, the essential feature is, according to Brown-Séquard, a morbid increase of the reflex excitability, the symptomatic manifestations depending upon "what nerve-cells are altered in their vital properties." It has been pretty conclusively proven, that there is no constant seat of epilepsy; and it is not unreasonable to believe that irritation in any peripheral part of the nervous system may so irritate the cells at the base of the brain, or the upper part of the cord, or both, that in time their nutrition will become so altered as to create a morbid excitability. This is about the extent of our actual knowledge of epilepsy. The changes in these cells are more dynamical than physical, and the most powerful microscope has not yet revealed the difference between those which are perfectly normal and those which possess great morbid reflex power. (Brown-Séquard.)

Both clinical observations and experimental research tend to show that these cells are located chiefly in the base of the brain. The fact that the early symptoms of an attack of epilepsy may be in very different parts of the body shows that the location of these cells must be variable. If this observation suggests anything, it suggests the possibility of the most diverse forms of peripheral irritation exciting epilepsy. This theory is in perfect harmony with clinical observations. During the last year, a case of reflex epilepsy has been recorded in which the attacks occurred once or twice a week, and which was completely cured by the removal of a shoe-button, which formed in the left cavity of the nose the nucleus of a large rhinolith.\*

Dr. W. C. Ayres, of New Orleans, records a case of petit mal, with concomitant asthma, in which all symptoms were relieved by curing septal and turbinate hypertrophies seated far back.†

Many cases of epilepsy and convulsions have been cured in male children by circumcision. Literature abounds with innumerable instances of epilepsies caused by injuries to nerves and organs distant from the brain. I submit that from the light of the array of clinical evidences now in our possession, we are justified in believing

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\* *Medical Record*, July 21st.

† *New Orleans Medical and Surgical Journal*, October, 1889.

that irritation, having its origin in the uterus or the ovaries, may, under certain circumstances, excite epilepsy; and that, if we can detect such irritation and remove it, we may cure the disease, providing irreparable damage has not been done to the nerve-centres. It is in proof of this proposition that I present three clinical cases of my own. With the exception of the first, none have been absolutely cured, but all have been immeasurably benefited. The time that has elapsed since the operations were performed in the several cases—two, four, and six years—tends to show that the benefit is permanent.

CASE I.—*Epilepsy Mitior* (petit mal) Cured by Operating upon the Cervix and Perinæum.—Mrs. C., æt. 26, patient of Dr. E. F. Chase, of Dexter, Mich. Married and, at the time of consulting me, the mother of two children. For nearly eighteen months before coming to me she suffered from frequent attacks of petit mal; always worse during the menstrual week. While engaged in conversation, she would suddenly pause, in the most unaccountable manner, in the middle of a sentence, the expression becoming perfectly blank; in a few seconds she would again resume conversation, being conscious, however, that there had been a break in the continuity of thought. Automatic action was also interrupted, and if walking she would stop during the unconscious interval. She suffered much from a dull, heavy occipital headache, with depression and great irritability. Her memory was more or less impaired. Family history good. There was menorrhagia with dysmenorrhœa and leucorrhœa.

Upon making a local examination, I found a stellate cervical laceration with subinvolution and much tenderness. The perinæum was torn down to the sphincter muscle, and the vaginal walls were likewise subinvolved. I repaired the cervix and perinæum in the usual manner, after which the attacks of petit mal became less frequent. Six months after the operation she reported herself a "new woman." Four years after there had been no recurrence of the symptoms, notwithstanding the fact that since the operation she had given birth to a third child.

CASE II.—*Epilepsy of Six Years' Standing Greatly Relieved by Removal of the Appendages*.—Miss J. D., æt. 23, Harrisville, Pa. Mother died of phthisis three years ago, at the age of 50. Father living, æt. 75. When nine years of age she sustained a fall, striking on her left side, since which time there has been great sensitive-

ness in the left ovarian region. Menstruation became regular at fourteen, and although unusually nervous, nothing like an epileptic paroxysm made its appearance until she was seventeen years of age. These attacks gradually increased in frequency, so that during the three years preceding the operation she had, on an average, two or three every night.

On October 23, 1887, through the instrumentality of Dr. M. B. Snyder, she came to our college clinic for relief.

At this time her general health was fairly good; she slept and ate well, while the digestive and urinary functions were normal. If it had not been for the nervous paroxysms and the pain in the left side, she would have considered herself quite well. The attacks, usually nocturnal, were preceded by an ovarian aura. There was a feeling in the left as if it were grasped and squeezed. This peculiar sensation extended up the left side of the body into the head, when she was compelled to sit down, and lost entire control of herself so far as voluntary motions were concerned, but never becoming unconscious. If the attacks were unusually severe, there was pain in the vertex; they were somewhat more frequent just before and during menstruation. The tongue had never been bitten.\*

Nor was there any history of an epileptic cry. The patient brought with her a bottle of bromide, and was profoundly under its influence. While modifying the severity of the attacks, the drug had no perceptible effect upon their frequency. The memory, much to the patient's horror, was becoming seriously involved, and the besotted condition of the face, together with a peculiar anxious look, indicated conclusively the natural tendency of the disease. A local examination showed both ovaries to be enlarged and exceedingly sensitive. Pressure upon the left ovarian region would precipitate a convulsive attack, during which the limbs would become straightened and rigid, the hands clenched, the teeth set, and the eyes rolled back. The face would become more or less congested, but there was no frothing at the mouth. The attacks would not last over thirty seconds. Unfortunately, no opportunity presented itself to resort to pressure in an attack not thus induced.

The case seemed one eminently appropriate for operative interfer-

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\* *Medical Counselor*, June, 1883.

ence. The trouble dated from an injury, and there could be no doubt that an ovarian lesion, and a serious one, existed. It is true, the paroxysms were not particularly aggravated during the menstrual period, yet a test, to my mind far more conclusive in demonstrating the connection existing between the ovarian lesion and the paroxysms, was present, namely, the ease with which one could be induced by ovarian pressure. The patient was, for a month, placed under the indicated remedy and proper local treatment, including galvanization, but only grew worse. She was very impatient to have an operation performed, having come several hundred miles for that purpose.

With more indefinite local lesions, I should have declined to operate without further efforts with constitutional and local measures. Under the circumstances, however, I performed the double salpingo-oöphorectomy on November 21, 1887, in the usual manner. Both ovaries were about three times their normal size, and both full of distended follicles, the result of cystic degeneration. Hydrosalpinx was likewise present on both sides. Why, with the right ovary and the tube implicated in the pathological changes quite as much as the left, the pain would be entirely confined to the left side, is a problem for our neuro-pathologists to solve. It is hardly explicable upon an anatomical basis. A change for the better seemed to come over the patient almost as soon as she regained consciousness. Her face was brighter, and that terribly besotted look had disappeared. There was hardly an elevation of the temperature until the seventh day, when it became slightly increased, owing to a delay in removing the abdominal dressing. No paroxysms took place until the third day after the operation; none again for a week; after which they recurred at lengthened intervals until December 28th, when she left the hospital, the longest interval being fourteen days.

Improvement, in every respect, was of the most decided character. The day before starting upon her long journey home, and unknown to the hospital attaches, she went upon a prolonged shopping expedition, and became very weary. That night she had a paroxysm, and upon her return home had two or three more in frequent succession. A letter dated February 25, 1888, the last received from her, stated that the attacks recur but once a week. Through a mutual acquaintance I have just learned (May, 1889) that the attacks rarely recur, are almost imperceptible when they do recur, and that she is supporting herself by hard work.

CASE III.—*Epilepsy of Fourteen Years' Duration Greatly Relieved by Removal of the Appendages.*—I shall record this case in the language of my former assistant, Dr. V. D. Garwood, whose patient she is. The patient, Miss R., æt. 45, is a woman of unusual intelligence, born of German parents. She lived in a quiet borough of a pronounced religious influence, inheriting especially from her father, who ranked high as a scientist and musician, a sensitive nervous system, and pressed by him to the farthest limit in her education. On the other hand, she was brought up in the Median and Persian routine of German housewifery. When dysmenorrhœa appeared, it was regarded as too trivial for treatment until epilepsy developed.

"As a child she was healthy until eleven, when she had scarlet fever and for years was subject to enuresis. Pleurisy followed some time after scarlet fever. About seventeen, eczema upon the hands appeared, lasting nearly a year, which was cured by outward application.

"Between eighteen and twenty years of age, she suffered frequently from asthma which appeared every July. While engaged in teaching, a year or two later, a violent attack of acute pain and cramps in the stomach occurred, followed by a jaundiced condition. This attack was supposed by the physician in attendance to be due to a round perforating ulcer of the stomach.

"From this time until twenty-nine years of age she seemed to be in fair health, with the exception of dysmenorrhœa, to which no attention was paid. The first spasm—a very slight one—occurred in August, 1875. These continued during the fall, and were accompanied by an unpleasant noise in the head. She did not fall or lose consciousness; the slightest sound was increased to an unendurable noise in her head. Her attendants approached her on tip-toe to give her drink or fan her. Toward Christmas of that year the unconscious attacks began at night, with the "petit mal," during the day.

"At this stage of her trouble the most eminent physicians of Philadelphia were consulted—Drs. Weir Mitchell, Goodell, and others. After some time the mania epileptica developed; this, however, after the discontinuance of the bromides. In April, 1885, she had an attack of acute rheumatism, in which hyperpyrexia was marked. After this there was complete exemption for six months

from the nervous attacks, but overwork and intense strain upon the emotions brought them on again with renewed violence.

"She came under my care in August, 1888. For the preceding year one week of each month—her menstrual week—had been a perfect blank to her, owing to the frequency of the paroxysms. She had often bitten her tongue and had injured herself severely by falling. Observing that the periodicity of the attacks was that of the catamenia, I consulted Dr. J. C. Wood, who in May, 1889, performed salpingo-oöphorectomy. From that time until August there were no spasms. In October there was a severe outbreak, but since that time until January, 1891, only slight attacks every two months, with excellent health in the intervals. She has returned to society and to her literary work. Her memory is being rapidly restored and she enjoys life as never before since her illness."

In this case I found great tenderness of the ovaries but no perceptible enlargement. After removal they were examined by Prof. Heneage Gibbes, the pathologist of the University, who reported "ovaline degeneration," a rare affection of the ovary. Certainly if such a thing as a "menstrual epilepsy" exists, this is a case, and under the circumstances I had no hesitancy in removing the appendages. She came to me after passing through the hands of some of the ablest physicians of both schools, and I know that all ordinary resources had been exhausted.

Out of a goodly number of epileptic women applying to me for relief these three cases are the only ones upon whom I have deemed it wise to operate. I am fully aware that the utmost care must be used in selecting operative cases. Clear and definite evidence should be had connecting the disease with disorder of the sexual function. I am fully aware, also, that the greatest difficulty presents in obtaining such evidence, because even the most deft diagnostician may be unable to detect an ovarian lesion without the aid of a microscope. Again, the extent of the disease is hardly a reliable criterion upon which to base the necessity of operative interference, for we know that a slight amount of disease will in one woman produce serious reflex symptoms, whereas, in another, most extensive lesions will produce no disturbance whatever. It is necessary, therefore, under all circumstances in dealing with reflex neuroses, to recognize types of constitution as well as the character of local lesions. Indeed, in descending the pathological scale, a point may

be reached where instead of actual disease there is simply functional disturbance which must be recognized as a causative factor. I believe, however, that we rarely are justified in removing the appendages unless there is pretty conclusive evidence of local disease. If such evidence be forthcoming; if the fits are intimately associated with the menstrual function; if the aura starts from the ovarian region; if there are no evidence of serious disease of the nerve centres; if the health and mind are failing and the patient rapidly approaching a state of chronic invalidism or insanity; and above all, if all ordinary measures have been exhausted and internal medication faithfully tried, are we not justified in resorting to any reasonable measure promising some relief?

#### DISCUSSION.

ALEXANDER VON VILLERS, M.D., of Dresden, Saxony: I heartily agree with Dr. Wood about the difficulty met with in discovering neuroses and in treating them. There is a great tendency now to find reflected neuroses everywhere. We should think more of the disposition of the individual, as general irritation produces such a marked effect upon the whole nervous system. When we remember the experiment of how a nerve and its functions are changed as soon as an electric current is passed through it, so it is in the human body when some irritation is present, disturbing the entire nervous system. But there must be a personal disposition, and the difficulty in treating these cases is not so much to find out the *proxima causa*, as to remove this *causa* and then treat the disposition. There are many neuroses in which surgical treatment is impossible. In such cases, which are often hystero-neurotic, the irritation does not come from any organic change, or catarrh, but often from abuse of the genital organs. We know that abuse of the genital organs by women is common, and it is very important and necessary that this habit should be cured in order to cure the neurotic condition. So, the most valuable help we can give such is to treat their disposition and remove the irritation that comes from another point. To treat the disposition is difficult, as it is inherited and cannot be easily removed. I am not of the opinion of Dr. Wood, that the reflected neurotic cases can be so seldom cured. I wish to insist upon and emphasize the importance of removing the *proxima causa* which keeps up the irritation.

WM. TOD HELMUTH, M.D.: While listening to the excellent paper of my friend Dr. Wood, a case was recalled to my mind which I think is worthy of consideration—a case, the treatment of which was purely mechanical. The patient, a young woman, was under



my care six years ago. Just before and after the menstrual period she suffered from violent paroxysms of hystero-epilepsy, of such violence that after the convulsive movement she would lie for hours perfectly unconscious. The *aura* came from the left ovarian region. She had tried many physicians in many countries and of both schools, but had found no relief whatever. Her father was wealthy and she had travelled with the hope of being cured. She had, as I have said, tried both schools of medicine when she came into my hands, and I prescribed all the medicines that I knew of or could find upon research or could learn by consulting with my professional friends. Nothing seemed to ameliorate the paroxysms, and I then, as a *dernier ressort*, considered the removal of the ovaries and their appendages. I had read somewhere that pressure—steady, uniform, persevering pressure—had been successful in restoring persons suffering from this disease, and before I put this young woman to the risk of having her ovaries removed (which I consider one of the most unfortunate things which can befall a woman, a young woman especially) I determined to try the pressure method. I, therefore, had constructed a large, old-fashioned tourniquet which opened like a jaw, and which could be screwed down upon the abdomen, exerting continuous pressure on the ovary by means of a large pad with a second one resting upon the vertebral column. Three days before the expected menstrual period, I placed the pad upon the abdomen in the left ovarian region and screwed it down not too tightly, but kept up the pressure persistently. (And, gentlemen, in the treatment of chronic cases, it is the persistence that often cures the disorder. I mean that we may often select the proper means, but from lack of persistence fail in our endeavors). I am happy to say that at the first menstrual period after the treatment was begun she had only three slight convulsions; at the second period she had only the *aura*, and now she has recovered her health entirely, and there are no premonitions of convulsions unless she is overworked or tired out by reason of her society obligations. Pressure by means of the pad was persisted in for four months, for three days each time.

*RESOURCES OF GYNÆCOLOGY; ADJUVANTS OR  
AIDS TO GYNÆCOLOGY NEITHER MEDICAL  
NOR SURGICAL.*

BY LESLIE A. PHILLIPS, M.D., BOSTON, MASS.

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As homœopathic physicians, whether gynæcologists or otherwise, we are all practically agreed in regard to therapeutics; at least our opinions and our practice are *similar*, and as regards surgery, none will question that it has its place, that it is in some instances, at least, the best, if not the only means of cure. But with the class of gynæcological resources designated "adjuvants," or the aids to gynæcology neither medical nor surgical, it is well known that some among us feel with undoubted sincerity that we should have nothing to do. That to use or even suggest the need of means of relief and cure other than the administration of the homœopathic remedy is rank heresy not to be tolerated in any homœopathic society.

It is apparent, therefore, that to me has fallen the bone of contention; that it is made my duty to bring into this arena the red flag which has so often provoked attack, and to defend the claim of practical gynæcologists to the right of recognition as homœopaths, or, to reverse the statement, the right of homœopaths to all the resources which science and common sense prove to be real aids to cure.

In doing this it will be my purpose to avoid rather than engender animosity or dissension, and to convince even our accusers that to misconception, misapprehension or blind prejudice on their part, rather than to any real violation of principle on ours, are due the harsh accusations, the reproaches and the sneers which have been so frequently hurled at gynæcologists.

While we recognize in the similitum the most potent and reliable means of curing either disease or functional derangement in gynæcological as in all other branches of practice, it should be re-

membered that very few remedies have been proved by women with a view to observing the effects upon the sexual organs, and that, therefore, the totality of symptoms corresponding to our gynecological cases can rarely be found in provings nor even in the recorded symptoms contained in our materia medica, a large majority of which are only clinical observations of varying reliability; hence the use of remedies thus selected is largely empirical, just as much so, in fact, as is the use of other agents, and it is this want of any sufficient, reliable resource in therapeutics which renders the need of aids or adjuvants in gynecology more frequent and more imperative than in other departments of medicine.

Then, too, the pelvic organs in women, more than any others, are exposed to dangers and abuses, to dislocations, injuries and adventitious growths, which necessitates the consideration of other conditions as well as, and in connection with, the subjective symptoms; that is, the basis of treatment in gynecology must be a definite knowledge of the existing condition of the affected parts and its cause; and in the fact that this requirement is generally ignored by our critics, lies one of their chief stumbling blocks.

That the well selected remedy may, in some instances, relieve the symptoms for which it is prescribed, despite the ignorance, on the part of the prescriber, of the causative conditions, will not be denied; but such practice is no less unscientific or unwarrantable, than in a case of fractured bone or of a foreign body in the eye, and as the claim of a radical cure of these latter conditions by the administration of a remedy without an examination of the parts in question ever having been made, would never be recognized as reliable or trustworthy, so we cannot recognize the claims of those who, without physical examination of their patients, report the cure of misplacements, lacerations, and tumors of the uterus; and in either instance we should feel justified in saying that the conditions assumed to have been cured having never been demonstrated, it is more than probable that they were never present.

Granted, however, as a starting-point or basis of comparison, a correct diagnosis, a just consideration of the physical conditions, as well as the nerve complaints, the objective symptoms, as well as the subjective, or in other words, the *totality of symptoms*, and we will welcome a comparison of results, and thereby demonstrate the importance of the adjuvant resources.

Let us now, without attempting to go into details, consider some of these aids to gynæcology and their application.

Gymnastic exercise and physical culture, as applied to the development or strengthening of the pelvic organs and related parts, is an important and much neglected means, not only of relieving or remedying existing ills, but what is of quite as much importance, of preventing them when not yet developed. This will be found to meet the requirements of a large number of cases, especially of school girls, and those, who through neglect in this direction, and as a result of excessive forcing of mental development, have become nervous, hysterical, anæmic, or neurasthenic; and every observing physician, especially in our cities, knows how numerous is this class of cases as a result of the ill-advised cramming, and over-taxing of nervous forces which characterizes our educational methods. Imperfect development of the sexual organs is a not uncommon condition in these cases, and properly directed gymnastic exercise, though neither medical nor surgical, is the chief and best remedy. This treatment is also valuable in many cases of uterine displacement, especially prolapsus and retroversion. Regulation of dress as well as of exercise must receive attention, as neither internal medication, nor muscular development can overcome the power for evil of great pressure or superincumbent weight from improper dress; and securing favorable conditions in this direction is an indispensable aid to the cure of many pelvic difficulties.

Closely related to gymnastic exercise, is postural treatment, which aids greatly not only in reducing displacements but also in relieving congestion, and enables us to provide conditions favorable to relief by medication, while, without it, the effects of the best selected remedies might, in many instances, be tardy and unsatisfactory.

Carrying the application of mechanical aid a little farther, leads to manual pressure or manipulation, and the next step in the same direction introduces mechanical contrivances or instruments for overcoming and correcting malpositions or deformities which interfere with comfort, nutrition, or function. In case of an acute uterine displacement, mechanical relief *must* precede medicinal treatment to insure a cure, and in corresponding conditions of a chronic character, the mechanical aids must be longer or more persistently applied. To lift the uterus into its normal position by manual pressure will generally suffice in the former, while in the latter,

when a malposition has rendered the natural supports incapable of performing their functions, mechanical support must be supplied until strength and functional power can be renewed through the administration of the proper remedies. This is simply common sense, and no more inconsistent with homœopathy than is the reduction of a dislocated joint or the use of a splint or bandage to maintain the proper relation of parts elsewhere. It is not necessary or practicable to consider in this connection the merits or demerits of the many different forms of pessaries, but I wish to express my decided preference for the simple, elastic tampon made of antiseptic wool. By adapting its size and position to each case, the requisite support can be secured and without irritation or discomfort. Then, too, it affords the best possible means of applying another aid of great value, namely, glycerine. Through the remarkable osmotic and detergent action of this agent, great relief is given in a short time to tissues overloaded and distended by congestion, especially of the passive form, such as is so commonly associated with and dependent upon uterine displacements, which interfere with or obstruct the free circulation of blood. No physician who has observed its action when thus applied with a tampon to the cervix uteri, can question its efficacy in relieving the congestion which is so often the cause of the distress which is manifested in the subjective symptoms. Now, if it is proper to remove a splinter from the flesh, or pus from an abscess, is it any less rational to give more speedy relief from the painful pressure of impeded circulation by this simple means which in no possible way interferes with the curative treatment?

Furthermore, while medical treatment is not within my present province, yet, as a question of privilege, I would ask, if the indicated remedy be applied per vaginum, is it any more, or any less homœopathic than if administered per oris? I contend that it is not; that the characteristic effects of a drug will be identical whether taken into the stomach, absorbed through the skin or mucous membrane, or injected subcutaneously. It is merely a question of *how to get the most speedy, sure and effective action*, and my observation and experience have convinced me that in many conditions of a congestive or inflammatory nature, the best results follow the application of the medicament in the form of a glycerole to the cervix by means of the vaginal tampon.

Another local application of great service in the treatment of gon-

orrhœal, syphilitic, and all ulcerative conditions of the genital organs, is the solution of Peroxide of hydrogen. While its power to destroy germs and septic matter with which it comes in contact, is unsurpassed by any other germicide or antiseptic, it is perfectly harmless to living tissues. With a swab of cotton saturated with this solution, the parts can be more thoroughly cleansed than by any other means with which I am acquainted, thus removing effete, poisonous, or septic matter; and I cannot understand wherein this is any more objectionable than cleansing the skin with soap and water or the teeth with a brush.

Until a comparatively recent date, the value of massage, or more properly speaking, manual treatment in gynæcology, was not known or practiced, and even now, it is not applied by gynæcologists generally or in the thorough and systematic manner which would render it one of the surest and best aids in many conditions. It has, however, been demonstrated beyond question that in the hands of those practiced in the manipulation of the pelvic organs, truly wonderful results may be secured in chronic peri-uterine inflammations, chronic inflammation and displacements of the ovaries, uterine displacements with or without adhesions, hæmatocele, and the consequences or sequelæ of pelvic inflammation generally. Resorption of the lymph exudations, loosening of adhesive bands and restoration of muscular tone, are the objects of this treatment, and by its aid can certainly be much more surely and rapidly accomplished than by medicinal treatment alone. Manual treatment, then, is just coming to be one of the most effective and reliable aids in gynæcology, and should, it seems to me, be a generally accepted and most welcome one.

Of all our adjuvant resources, probably none is more generally recognized, more universally used and abused, more powerful for good and for ill, or more promising of future development and usefulness than electricity in its various forms. With the results attained by its aid in many and varied conditions, it can no longer be ignored by practical, educated physicians, and we, as well as those of other schools, may and should make it an aid of great value in gynæcological practice. In the treatment of chronic metritis and endometritis, in promoting the resorption of the products of inflammation, in relieving various neurotic conditions, in toning up weakened parts and overcoming chronic dislocations, and perhaps in the

treatment of adventitious growths and many other conditions, electricity will give far more certain and speedy effects than can be attained without it.

Without mentioning various other means and measures which are occasionally employed or those which individuals here and there esteem of value, I present the foregoing as the main resources of gynecology which may be classed as Adjuvants.

It is not intended in this connection to attempt a description in detail of the application or the benefits to be derived from any of these measures, any one of which would furnish subject-matter for a thesis.

If the object of treatment in any case be to prove the effect of a given remedy, or, in other words, the mathematical demonstration of the law of similars, then it will be admitted at once that nothing should be allowed to aid, or in any way complicate its action. On the other hand, if the object be to relieve suffering and cure the patient in the surest and most speedy manner, then the observation and experience of gynecologists generally is that these adjuvants are instrumental to that end, and must therefore, be considered essential aids in the treatment of women's diseases. Mark me, these measures are not offered as superior to, or substitutes for, the appropriate remedy, but as aids to the more speedy accomplishment of the purpose for which the remedy is given.

Our position then, is this. Having for our object the cure of our patients, not the proving of drugs, while we believe in the true homœopathic remedy, when it can be found, as the principal means of cure, we also believe in promoting or hastening the result by applying any other means which observation and experience have proved effective to that end, and which does not in any way destroy or vitiate the curative effect of the remedies, and this can with truth be said of every one of the measures herein presented.

Because we will not sacrifice the comfort and more speedy cure of our patients to the demonstration of the power of the unaided remedy to effect an ultimate cure, we maintain is no just cause for charging us with disloyalty to principle. It is not that we love homœopathy less, but our duty to our patients more.

## DISCUSSION.

L. L. DANFORTH, M.D.: It would seem that there could be but one view on the subject that has been so ably presented to us in the paper just read. It has been presented in such a manner that it is impossible to object to the conclusions drawn; I can only confirm the Doctor's conclusions in the main.

As homœopathic physicians, it is our duty to employ not only the indicated remedy, but every other means which will aid in the cure of our patients. The use of local measures will be found necessary in most cases, for the internal remedy alone will not meet all the requirements of the case. In the first place, however, let me say—that an accurate diagnosis of the conditions involved is a *sine qua non* in the successful treatment of any case. After this has been made, we will usually discover that some local treatment is necessary. The local measures must be carefully adapted to the requirements of the individual case. If the uterus is displaced and congested, with numerous cysts in the cervix, and a profuse cervical catarrh is present, the cysts must be emptied, the cervix cleansed, suitable applications made to the diseased glands and the whole organ placed in as favorable a position as possible and then maintained by a suitable tampon of antiseptic wool, saturated with Glycerine and some medicament like Belladonna, or Hydrastis, or whatever else may seem to be adapted to the case in hand. After this has been done then it will be our duty to seek the indicated homœopathic medicine. Local means must accompany the internal medicine if we would secure the best results. Dr. Phillips has said that there is a dearth of symptoms. It seems to me, that there are symptoms enough. The trouble is that the remedies do not have a fair chance to exert their curative influence until the local disease is modified by suitable local treatment.

Homœopathic treatment and local treatment go hand-in-hand. The physician who confines himself or herself to one method alone, will fall far short of the results which may be obtained by a judicious combination of both.

A word with regard to massage of the genital organs—a method of treatment introduced by Brandt, of Germany. Massage is unquestionably useful when employed in a proper manner and by the proper person, in a certain—probably *limited* number of cases. But there are many objections which may be brought against this method. The physician should fully fortify himself, before recommending this treatment, as to the entire mental, moral and physical make-up of his patient. It will be perceived that there are questions of delicacy which present themselves here which demand the most careful consideration. The masseur likewise needs to be considered and his fitness for the work must be pronounced, otherwise it should not be



undertaken. I doubt if uterine massage will ever be largely adopted.

Of electricity, I have the highest opinion. We are merely on the threshold of our knowledge of this subject, but I believe it will prove to be of the highest value in treating uterine diseases—when properly employed.

JULIA HOLMES SMITH, M.D.: Listening to the reading of Dr. Phillips' paper, many a "thank you" arose in my mind, as much for the endorsement of aids to gynecological service of which I had often availed myself, as for the new suggestions. I have often, when asking suggestions from valued medical friends, received the advice: "Go to the *Materia Medica*," and felt much as Ophelia must have felt when she heard from Hamlet, "Go; get thee to a Nunnery," for verily to me on many topics the *Materia Medica* seems made up of dark aisles and dim cloisters where one seeks for help in vain. I do believe in doing one's best with the drug as perfectly affiliated to the case as possible, but their duty to the patient demands all possible adjuncts.

The tampon of wool wadding as a drug carrier as well as means of support, has been as useful to me as to Dr. Phillips, and I make a point of always placing it myself. I know of doctors who have advised a patient to "take some wool, tie a string to it, soak in glycerine or perhaps some other prescription and poke up close to the womb." How in the world can a woman do that properly by herself. The curve of the vagina must be followed, a version or prolapse perhaps allowed for, and unless the tampon is properly adjusted more harm than good is done.

Dr. Phillips speaks of uterine massage. Such service except by adepts is dangerous. The ordinary practitioner has not often the leisure to become skilled in a service unfrequently demanded, and in one case I am treating now, a vile habit was acquired by the patient upon whom a doctor had unsuccessfully used the uterine massage. I do protest against this method except as a *dernier ressort*.

One valued aid might be, of course, advice regarding the *prevention* of disease. But alas! How rarely such suggestion is needed. I believe that from the time the clock of the girl's life strikes half-past eleven, until the functions of the genital organs are entirely regular, a girl should play most of the time. She should have plenty of air, sunshine, exercise, sleep. Little children can use the brain with more safety than girls at this period, unless indeed they be exceptionally strong, and the race may eventually pay the penalty. If the work girls do in school between twelve and sixteen, should be done between sixteen and twenty, the result would be vastly better so far as the health of women is concerned, but perhaps not quite so good for the pocket of the gynecologist or neurologist.

I appreciate this paper highly and thank its author.

J. H. McCLELLAND, M.D.: There has been a great deal said already about the tampon and while I believe it is a measure of good, I do not believe it is an unmixed good. I believe that the tampon is overused, and I believe that the tampon is misused.

Now, it is an excellent thing to bleed the cervix and adjacent tissues with a tampon of glycerine, but I have seen a vast amount of evil done by the over-use of the tampon. People get in the habit of having a tampon applied for uterine displacements and they keep going and going to the doctor, week in and week out and month in and month out, and spend most of their time in having cotton tampons applied. This is wrong. Where a displacement requires constant support for a considerable length of time, the cervical tissues having been sufficiently depleted by glycerine you will get more beneficial results from an old-fashioned Hodge pessary, an instrument smooth, rounded and thoroughly aseptic, and will do less harm (if of suitable size and shape) than by the constant introduction and removal of tampons.

I want to suggest another evil of the tampon to you, and that is its sucker-like action. You apply a tampon in your office and it has to be removed by the patient, who will come back to you in three cases out of five with the uterus lower down than before. And why? Unless the patient is instructed in removing it, she pulls the uterus down with it by a suction action, like that of a piston. I believe in the tampon, and that it has a large field for excellent service, but I also think that the over-use of it ought to be deprecated.

J. C. MORGAN, M.D.: I shall not be suspected of too great a leaning away from homœopathy, but I may be suspected of error of statement or mistake in what I am about to say. And because, unfortunately, the majority of homœopathic physicians are comparative strangers to Hahnemann's *Organon*. Let me, then, fortify my position, in advance. On the last page of Wesselhœft's edition, page 186, paragraph 289, we read: "Every part of the body endowed with sensitive nerves is capable of receiving the influence of medicines, and of transmitting their power to all other parts."

Paragraph 290. "Besides the stomach, the tongue and mouth are the parts most susceptible of medicinal impressions; but the lining membrane of the nose possesses this susceptibility in a high degree. Also the rectum, genitals, and all sensitive organs of our body are almost equally susceptible to medicinal effects. For this reason, parts denuded of cuticle, wounded and ulcerated surfaces, will allow the effect of medicines to penetrate quite as readily as if they had been administered by the mouth."

Thus, the introduction of drugs beneath the cuticle, or more deeply, as in wounds, which may or not have been purposely made

by the hypodermic needle, has the clear sanction of Hahnemann. So, also, in reference to the subject of Dr. Phillip's paper, the application of homœopathic remedies per the genital organs has the endorsement of this highest authority; not, however, as "local treatment," but with a view to their universal and vital effect.

I want to call attention to one effect of women's clothing which has not been noticed, and that is, I fully believe, a real paraphimosis of the cervix, which will result from the pressure of heavy skirts upon the abdominal and pelvic organs. As a matter of fact, the pear-shaped organ is thus violently forced down within its own envelope, and then we have what is called the "conical cervix." The first step towards cure is the removal of all artificial pressure; not the slitting or other mutilation of the organ itself. Indeed, I repudiate wholly the notion that the female genitals are usually abnormal, except from avoidable causes; and this, even with our nineteenth-century civilization, hot-bed education, and all.

N. SCHNEIDER, M.D.: I think it would be a great deal better for the women of America if the tampon were ruled out of the question. The use of it is so indiscriminate and so universal that it is dangerous to the health and well-being of women. No sooner does the man or woman graduate from a medical college, than he or she buys a big bag, fills it with cotton pledgets and a bottle of glycerole, and travels the town; promiscuously, opportunely, or inopportunately they place the tampon. I tell you, the tampon is a dangerous method of treatment. It weakens the vagina and invites prolapse. The vagina is a great sustaining force of the uterus, and I believe nothing so weakens it as the distension produced by the everlasting use of the glycerole tampon.

In the treatment of congestion of the ovary or inflammation of the uterus, there are remedies in our *materia medica* which have the true similitum, and, if properly selected, will cure these conditions, as well as inflammation of the lungs or of other organs. We devote so much attention to local treatment, we lose sight of the homœopathic remedy. There are cases where local treatment is demanded, but an accurate discrimination will save many women the mortification and physical ills that attend the indiscriminate use of the tampon.

FLORA A. BREWSTER, M.D.: I would like to ask the doctor what he would have prescribed for a case that I had, not long ago.

A patient of mine, while travelling in Europe, suffered from a severe and exhausting uterine hæmorrhage, and consulted a physician in Paris, who advised her to go home at once and place herself under the care of her physician. When she came home I found just two symptoms: hæmorrhage and dyspnœa, which was evidently due to pressure. The doctor in Europe had tried to stop the hæmorrhage and had failed; I tried to stop it with remedies and also failed.

She went to Philadelphia and took pine baths, and soon afterwards became worse than ever. Then she went to New York and consulted a physician, who told her that her uterus was out of place, and professed to replace it. (The uterus was so heavy that it fell wherever gravity carried it.) The lady returned to me, and an astringent tampon was applied for some time, but did no good whatever, since it could not hold in place the enormously-enlarged uterus.

The patient finally consented to take an anæsthetic, and I found the uterus greatly enlarged from myomata and filled with fungous growths, which I scraped away. This stopped the hæmorrhage, but the enlargement still remained. About this time her family began to talk Dr. Kelly to me, and I made up my mind that Dr. Kelly should not have her; so I put her (I do not know that it was homœopathic, but it cured her, anyway) upon galvanism and Ergot, giving her Parke Davis's normal liquid of Ergot during the succeeding five or six months. The uterus is now of normal size. She was here in Atlantic City the other day, and walked five miles.

In regard to the tampon, I use a medicated glycerine tampon quite frequently, and also use massage, electricity, and other tonics. Massage, however, is not satisfactory unless administered by a skillful operator.

I cannot help thinking that the doctor is mistaken in his wholesale condemnation of tampons.

L. A. PHILLIPS, M.D.: Dr. Danforth says we have plenty of symptoms to guide us in selecting remedies for uterine diseases. So we have, but they are not reliable, and, as Dr. Allen said in regard to Aletris, not one of the symptoms noted in the *materia medica* could be obtained in the proving.

In regard to the tampon, I want it understood that I do not use cotton for my tampons at all, but wool. The cotton becomes compressed and out of shape, while the wool retains its elasticity, and when removed would be in the same form as when introduced.

In regard to the objections made to the tampon by Dr. Schneider, instead of weakening and distending the vagina it causes rather a tonicity of the organs by the muscular contractions produced. It is not the abuse, but the rational use of the tampon that we advocate.

Speaking of prolapsus of the uterus, it is not the vagina that is the chief support of the uterus, but the ligaments which are attached to the brim of the pelvis, and which hold it at nearly right angles to the vagina. If it is turned back so that its axis falls in a line with the vagina, then it will become prolapsed, because there is nothing to hold it.

## *THE SCOPE OF HOMŒOPATHIC THERAPEUTICS IN GYNÆCOLOGICAL PRACTICE.*

BY B. FRANK BETTS, M.D., PHILADELPHIA, PA.

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THE first homœopathic prescription made in my native State was for a gynæcological case that received *Pulsatilla* and was cured. Since that time the efficacy of this remedy alone, when employed in the treatment of the functional disturbances of the reproductive organs of women, has been so frequently demonstrated, that were it possible for us to receive to-day the accumulated testimony in its favor, it would be simply overwhelming.

Fifty years have added to our armamentarium many new remedies, such as *Actea-rac.*, *Cauloph.*, *Lil. tig.*, *Gels.*, and *Convallaria*, whose efficacy we have all demonstrated to our own and our patients' satisfaction, so that even our opponents of the other school have been forced to recognize their virtues, and have used them, but without applying our law, and hence have failed to obtain the best results. But it is not only from such testimony respecting the efficacy of our remedies that we have evidence of the virtue of our system of therapeutics in the treatment of gynæcological cases. From what we may term constitutional treatment, with other remedies than those having an especial action upon the reproductive organs, we effect more good in many instances than we are aware of at the time of prescribing. The habitual use of homœopathic remedies, for such disorders as require treatment during infancy and childhood, without reference to the reproductive organs, prevents the development of some of the most formidable diseases to which these organs become liable after puberty when they assume their full functional activity.

It is a well-recognized fact that there is an inherited, or early-acquired tendency, during the developmental period of a child's existence, towards the formation of tumors and other morphological products, and that these outgrowths are the palpable evidences of

cell insubordination—growth that has escaped the perfect control of the nervous system, and, it is even probable, that malignant growths are due to a similar uncontrolled activity of cells which escape the grasp of the metabolic force whilst they are in their embryonic state; and, as it is especially during childhood and infancy that the careful prescriber is rewarded by the most striking results in his efforts to correct malnutrition, and defects of growth in different parts of the body, does it not seem reasonable for us to infer that we may unwittingly counteract a vicious tendency in embryonic tissue by our remedies, prescribed according to symptomatic indications, for the various ailments to which these little patients are liable? To deny this, we must disclaim an ability to control by homœopathic treatment those nutritive processes in general which secure a more perfect cell development and a more healthy tissue metamorphosis in after life.

In answer to the question, "Is it not possible for us to counteract, to some extent, the tendency to the development of tissue outgrowths or neoplasms, by our remedies prescribed for symptomatic indications of ill health during infancy and childhood? I have, upon a former occasion, asked the oldest practitioners in this country to report to me patients who had suffered from uterine or ovarian tumors, after having been treated homœopathically during infancy and childhood, and in no instance did I get any other than a report to the effect that they had never observed any number of families accustomed to homœopathic treatment suffer from such growths.

I reported at that time nearly two hundred cases, and have added many more since to the list of those who suffered from such tumors, and in no instance were they habitually under homœopathic treatment during early life. May we not, therefore, justly lay claim to some prophylactic as well as curative results from our system of medication?

Next to the development of tumors, we find that diseases of the mucous lining of the reproductive organs of the female, especially of the uterus and Fallopian tubes, exert a more profound influence upon the health of women than any other class of ailments to which they are subject. Without an endometritis or salpingitis, an injury or displacement of the uterus is of but little consequence, and in the light of recent experience we know that a parametric inflammation without a pre-existing salpingitis is rarely found, or, if it exists, it

yields readily to treatment. Viewing the mucous membrane lining the internal organs as a continuation of the cutaneous covering of the body, we can readily understand how closely they are associated pathologically. We are aware of the fact that there is a form of skin-disease distinctly uterine in origin. We know, also, that measles is prone to develop, not only bronchial catarrh, but also intestinal catarrh, and that scarlet fever favors the development of an inflammatory condition of the uriniferous tract. Therefore, may we not infer that the genital tract is also involved in these affections? Indeed, we know this to be the case, and in the light of these facts, we are warranted in the assertion that the lack of, or the injudicious treatment of the various cutaneous diseases in infancy, lays the foundation for some of the most serious affections of the reproductive organs of the female in after life. With our system of therapeutics judiciously applied, and with careful nursing, it is unusual for us to have such an involvement of the mucous tract as occurs when non-homœopathic measures are employed; hence, in this way, we may save our female patients a considerable amount of future suffering.

Again, the origin of many of the diseases of the mucous membrane of the genital tract, can be traced to the pernicious employment of astringent douches for the relief of leucorrhœal discharges, or the prevention of conception.

Cleanliness is essential, and I am a firm advocate of warm cleansing douches when necessary, but as Homœopathic physicians we should avoid the use of those which tend to clog the outlet of the cavity we are most anxious to have efficiently drained. The powerful influence exerted by our remedies over the pelvic circulation, as demonstrated by the results obtained when they are prescribed for disturbances in the menstrual flow, justifies a confident reliance in their ability to control hyperæmia and hypersecretion of the mucous membrane of the genital tract without the employment of other means.

The theory of Noeggerath, so closely allied to Hahanemann's view that we may almost wonder if it did not originate in the mind of our master, is now more generally accepted than any other theory advanced since its promulgation. According to this view, we trace many of the most serious diseases of the female to a latent gonorrhœa in the male, such as may remain after the use of means employed to suppress the discharge by astringent washes; so that whether

injected into the genital tract of the male or of the female they may prove highly prejudicial to future health. The discharge in these cases is the exponent of the amount of engorgement and tumefaction in the mucous membrane, due to the presence of a poisonous principle which we term a tox-albumen, or particular ptomaine engendered in consequence of the presence of the gonococcus or bacillus of Neisser in tissues favoring such a development. Nature's effort to unload the engorged mucous membrane by opening up her flood-gates to establish a profuse discharge should not be thwarted, but every judicious means should be employed to remove this discharge as speedily as possible by simple non-coagulating injections. For similar reasons astringent intra-uterine injections, formerly so much in vogue, have been the means of doing great harm. Even the simplest intra-uterine injection may do injury by inducing uterine contractions, which in turn are followed by pelvic congestion and an increase in the inflammatory condition of the diseased tubes with which the endometritis is so frequently associated. It is in such cases that our patients had better be content with the slow but curative action of the well-chosen homœopathic remedies, whilst we secure at the same time good drainage by suitable postural treatment or by a judicious replacement of the uterus.

In every case a correct diagnosis is essential in order that the best kind of treatment may be employed. There are cases in which curative results can be obtained by mechanical means alone, without much, if any, other treatment, whilst surgical means are required for the removal of fully developed tumors, purulent collections, dropsical accumulations and the retained products of conception, as well as to repair the injuries sustained at parturition; whilst septic endometritis following abortion, often requires the use of the curette to remove placental *débris* and distintegrating clots which the poorly developed uterus lacks the ability to expel; and fungoid endometritis demands the employment of the same means of relief.

In the treatment of neuralgic dysmenorrhœa the members of our school have won some of their most enduring laurels. When there is, however, para-uterine disease we cannot hope to effect such favorable results. Indeed, many cases of both endometritis and dysmenorrhœa will require surgical interference for the removal of diseased tubes before a perfect cure can be effected. In some cases of chronic salpingitis, Lachesis has benefited the patients more than any other



remedy, but the necessity for an operation becomes a serious question for consideration as soon as we have diagnosed the nature of the complication. Looking over my past experience in the treatment of these cases, I am forced to say that I have never regretted having performed the operation for the removal of diseased uterine appendages when chronic endometritis or incurable dysmenorrhœa was an accompaniment, whilst I have on the other hand, had to regret a too prolonged reliance upon medical treatment alone, but a careful study and the further development of our *materia medica* may add to our resources, so that what now seems to be impossible may be readily accomplished in the future; yet in all cases he will be the best judge of the efficacy of a particular method of treatment who knows the most of the nature of the disease treated and it must be confessed that without this knowledge the testimony of an individual regarding curative results will be of but little value. On the other hand he who denounces a system of medication without a perfect knowledge of all its methods of application is guilty of the grossest injustice. It requires an accurate diagnosis with the employment of accurate modes of treatment to enable us to decide what is beyond the scope of our therapeutic method. The closest relation exists between all parts of the nervous system of the female and her reproductive organs whether they are influenced by the impregnation of an ovum or some diseased condition. In the former instance there is an harmonious response in accord with the purpose to be attained; in the latter, instead of harmony we have discord, and the evidences of this are portrayed in the symptoms produced and of these the mental state should always claim attention, for it is an important guide to the selection of the remedy. The location and the character of the pain are also important points for consideration and many instances might be mentioned in which these conditions alone have led to the selection of the curative drug and by their aid we are often able to palliate when we cannot cure. Hence, the scope of the *application* of our remedies is not to be limited by pathological conditions which promise no hope of curative results, but it is broader and wider than this, for we may still hope to relieve when our pathological knowledge gives us no hope of effecting a perfect cure.

This paper would be incomplete without some allusion to the scope of our method of practice in the treatment of our surgical cases. Here it proves efficacious in preparing the patient for

the operation. With the system in an improved condition of health before an operation, we of course increase the chances for possible good results afterward. With Sulph., Lycop., Nux vom., Bryonia and other remedies we may do much to awaken the emunctories into more healthful activity, yet in no wise can they take the place of the mechanical dislodgement of fæcal matter from the intestinal tract or of effete matter from the skin, so that we must unload the bowels by a purgative dose of medicine, as well as unload the skin by judicious bathing before every important operation.

After surgical operations good results are obtained from the administration of the carefully selected homœopathic remedy. It is true that nature often does most perfect work in these cases if she is protected from baneful influences and in many instances no medication is needed, but a crisis may come when she will need our aid, and at such times let us think more frequently than we have heretofore of the homœopathic remedy.

#### DISCUSSION.

MARIA N. JOHNSON, M.D.: At the present stage of growth in the science of homœopathy, with opinions divided in regard to the use of the knife, it seems to me that there is no more important subject than that under discussion and it has been ably handled this morning, and I know we must all feel enriched by it.

Without using time to analyze this subject, I wish to emphatically place my testimony before this Institute on the side of the law of cure in this department of our science. During twenty years of work with this law I have seen many eminently successful applications of it. Yesterday's discussion on *materia medica* must have made us all feel, as Dr. Allen said, appalled, and it is no humiliation for us to say that we do not know and that when we do not get the results which we hoped for, we have not reached that stage of investigation which we must reach to be successful. In dealing with the eternal qualities which we believe homœopathy to be, we can afford to say often and simply, "We do not know." Dr. Valentine Mott said before a class of students, in relation to a case before them: "Gentlemen, we are again mastered; we are non-plussed by the advancement of this disease, and we must resort to the opprobrium of surgery, and I am sorry that this person could not be cured." Cannot we afford to be as honest as he? When we look around us and see the names of Dunham, Lippe, Hempel, Farrington and others as illustrious, what a testimony we have in favor of Hahnemann's law of cure.

What a story could Apis, Colocynthis, Calcarea, Sepia, Belladonna, Kali carbonica and numerous other remedies tell if they could bring before us the numerous cases which they have relieved and cured, and still more could they astonish us if, in the hands of the coming allopathist, their virtues could be told. It seems to me to be our greatest end to place ourselves as homœopathists squarely and firmly on Hahnemann's law, and, becoming firmly fixed on that basis, secure a uniformity of purpose which is alone worthy of the law that we venerate.

J. P. DAKE, M.D.: I regard Dr. Betts's paper as very sound and I quite agree with all the premises taken and conclusions drawn. I wish, if possible, in a few words, to put this subject in order before our minds.

In my judgment a gynæcologist, when coming to a case, should act as in all other cases, and as Dr. Betts himself has recommended, first make a diagnosis. Now, there are some people in our school who are simple enough to write against making a diagnosis, while a diagnosis is the very first thing to be had, and why? Because otherwise we cannot tell whether a case is a surgical one, requiring mechanical treatment, whether it is one for hygiene, or whether it calls for medicine. Diagnosis will help us to determine this first and most important point.

If, upon examination, it is found that the case is one that can be entirely relieved by hygienic measures, then it is the duty of the practitioner to recommend those measures. If, upon examination, it is found that some structural lesion is present, or some foreign body—some change which requires surgical interference—then it is clearly the duty of the practitioner to go forward with his surgical means. Again, if it is found to be a case amenable to medicine, if we want the curative medicine in the case, we turn to our *materia medica* to see if any medicine has ever been found to produce similar symptoms and conditions.

Now, my brethren, here comes the trouble. The provings, unfortunately, which have furnished us with our knowledge heretofore, have not been conducted, as was stated here yesterday by several speakers, under conditions necessary, with the supervision needed to have the symptoms properly noted. If there was in the proving of the drug, prolapsus or congestion of the uterus, or any other abnormal state, it was not known to the prover and no one applied tests to ascertain the fact and consequently our pathogeneses have been deficient in this regard.

A dozen years or more ago, when I was chairman of the bureau of *materia medica*, I received a note from Dr. Parke Lewis, of Buffalo, saying that the "O. and C. Society" had found that there was great need of pathogenetic records for specialists on the eye and ear, and made the request that the bureau have more critical examina-

tions made in the provings. Now, in gynaecology the very same necessity exists and has existed.

I was happy—I am sure you were all happy—yesterday when Dr. Allen unfolded to us the plan of his college of provers in New York City. When provings are made under the conditions and with the supervision that will be provided, and with scientific means, then the gynaecologist, with other specialists, may look into the *materia medica* for information that will not lead astray, but lead on to cure.

I know, years ago, men said they had cured tumors and had removed various things by medicine,—things that were incurable and not removable by medicine. In such cases we were led to doubt the diagnosis. We cannot claim everything and let us be careful, lest we are laughed at by the world where better knowledge obtains.

When provings are made so as to allow the application of diagnostic means and tests, such as are employed daily in the examination of the sick, I doubt not that cases will be successfully treated with medicines which now seem amenable only to mechanical or chemical measures.

L. A. PHILLIPS, M.D.: In seeking for a better knowledge of the therapeutic resources, the Massachusetts Surgical and Gynaecological Society, at its meeting last week, adopted a plan by which every member is furnished with blanks upon which are to be recorded the verification of any symptom in the *materia medica* which he finds to be once, or more than once, curative. In that way, while it is not as valuable as the pathogenetic production of these remedies, it will help us by establishing those symptoms as reliable.

BUSHROD W. JAMES, M.D.: I believe that our homœopathic remedies can control to a large extent the idiosyncrasies as well as the symptoms produced by a diseased condition independent of an existing dyscrasia. I think this subject is not well understood by the profession. We, in some cases possibly, may ignore this individual tendency to certain symptoms, and also even a dyscrasia, but not as a general rule. Any remedy that has any special action upon a dyscrasia in the “proving” if we can find this out, we can use this knowledge as a guide to the selection of that remedy, where the dyscrasia or tendency manifestations in an individual seem to become paramount to the symptoms of the attack of illness itself. We all know that these tendencies and dyscrasias exist to a large extent in many of our patients, and we should always bear these in mind in prescribing.

I think we frequently forget, in selecting a drug, that our homœopathic remedies do act kindly when we select that remedy in accordance with the totality of symptoms, even if most of them are of the idiosyncratic order. Take cases of severe non-traumatic hæmorrhage, for instance. I have had a large number of these in my practice;

they are a sort of dread to me. Nevertheless, I have learned to select for them from our remedies, and yet I would not let a case die without the use of local means for the arrest of that hæmorrhage, if I could reach the source of it. In certain growths with hæmorrhagic tendency, I think there is a limit to the use of our remedies. I believe there are many diseases incurable to-day, which, in the light of the future, will be found curable. Most of these cases of hæmorrhage are curable if we look farther into the history. I remember two cases of persistent uterine hæmorrhage that I worked over for a long time, and could get no marked benefit with remedies or local applications. I finally examined these patients, having told them that I must see the exact condition present, which examination they had for a long time resisted. In one case, I found a growth just inside the os, and at every monthly period this lady had what seemed to be an obstinate menorrhagia. Dr. Betts, whom I called in for counsel, confirmed my opinion that the case was incurable by medicinal remedies. It was about two years ago. We removed the growth then and there, and the woman has had nothing since but a normal quantity of menstrual flow. The other case was that of quite a young girl with a condition somewhat similar to the case just related, except that the tumor was more of the fungous variety. Remedies used for a period of months failed, and I had Dr. Betts remove these growths by an operation and the case was cured, with no recurrence of the hæmorrhages now for years.

In a number of cases where there has been a great hæmorrhagic tendency present, by working out the individual case I have found the remedy suiting that special one, and the hæmorrhages have not only been controlled at the time, but cured. Uterine growths, too, have been wonderfully modified, and the case benefited permanently by such remedies as *Lycop.*, *Phos.*, *Ars.*, etc. This has occurred even in a number of cases where the fundus of the uterus was irregularly enlarged, and it felt as if there existed a fibroid growth. In several such cases I have been astonished at the action of *Phosphorus* upon them, even where very few symptoms were found.

B. FRANK BETTS, M.D.: I want to say a few words upon the subject of diagnosis.

It appears to me that we are often at sea because we do not separate the diagnosis of the disease from the diagnosis, or selection, of the remedy, so to speak. I claim that in the treatment of a new case, two separate and distinct mental efforts are required. Those symptoms which are of the most value to us in arriving at a conclusion as to the nature of the disease, are often of the least value when we come to diagnose the remedy. I believe it is our first duty as homœopathic physicians to sit down and get the totality of symptoms, and by a mental effort select the remedy according to those symptoms, and then examine the case with a view of diagnosing the

disease. The mental symptoms and the character of the pains will be of no use at all in diagnosing the disease, but they are of great importance in the selection of the remedy. A point I wish to allude to has reference to the falsity or inefficiency of symptoms found in our drug pathogeneses. The insufficiency of well proven drugs we must all deplore. The lack of female provers debars us from using many important remedies no doubt, but many of the provings already made, are more efficient in enabling us to cure our gynæcological cases than is generally admitted. I do not think that our materia medica leaves us so empty-handed in the treatment of these cases. We look too much for pathological indications. It is a mistake to claim that a remedy is non-homœopathic, because it has not produced a like pathological effect. Again, if female provers had uterine displacements when the provings were instituted, I claim that the symptoms developed as the drug-effect are relative guides in prescribing for other women who may, or may not have similar displacements. The displacement causes different symptoms in different patients, and the only way to cure the case, is to relieve the patient by replacing the uterus and prescribing for the concomitant symptoms attendant upon the displacement, which are peculiar to that individual. I think that in our materia medica we have a rich storehouse for the gynæcologist, and whilst I am anxious that it should be improved and augmented, I do not think we should disparage it in any way.

### *DAMAGED UTERINE APPENDAGES AND THEIR TREATMENT.*

BY HOMER I. OSTROM, M.D., NEW YORK, N. Y.

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It is only within comparatively recent times that the existence of damaged uterine appendages has been recognized or their connection with pelvic pathology appreciated ; more recently still have means been proposed for their cure. With this particular development of gynæcology, the name of Lawson Tait will always be associated, and we, as surgeons, owe this courageous man a debt that can alone be paid by the successes with which we meet in treating suffering womankind. Mr. Tait is one of the most remarkable men with whom I have been brought in contact. Self-confidence and fearlessness form the keystone of his work and his success ; without them, he could accomplish nothing ; with them, he has revolutionized his own department of surgery.

The term, damaged appendages, of course, includes a previous or present disease of these organs, but the damage here refers more especially to their functional activity, not so much to their structural alteration ; two conditions that may be entirely distinct, though frequently one overlaps the other. The following remarks, therefore, do not include diseases of the uterus, as fibroid tumors or infantile uterus, for which the ovaries and tubes require to be treated, nor do they refer to neurotic conditions induced by and under the control of the reproductive organs. In such cases, treatment is directed to the ovaries and tubes upon the belief that their activity induces or continues morbid conditions in other organs, and not because of any disease *per se*. It is, therefore, the function of the organ that we desire to control, not an organ necessarily diseased that we aim to cure.

When the appendages are damaged, the conditions are quite different. The uterus may and usually does remain healthy, at least

in the early stages of the disease, the pathology residing in the ovaries and tubes. This interferes with functional activity in two directions: first, there are the subjective symptoms of painful menstruation, and, second, sterility, for the ovaries and tubes that are properly classified as damaged are incapable of healthy ovulation, and do not present the essential conditions for impregnation. That ovulation may take place in damaged ovaries is very probable; that impregnation is possible with a damaged tube there is every reason to believe, but both circumstances are to be regretted. The ovum from such an ovary, dropping into the abdominal cavity, must be looked upon as a focus for disease, and if one finds its way into the uterus and becomes impregnated, its future development cannot be along the line of health; and *if*, as I believe not infrequently occurs, the unhealthy ovum is arrested in the Fallopian tube, we have extra-uterine or tubal pregnancy to deal with. Truly, complete sterility would be preferable.

The ætiology of damaged uterine appendages includes either congenital defect or a history of some degree or form of inflammation. If congenital, the defect is usually in the direction of malformation, probably rarely of non-development, for in the latter case the uterus shares in the arrested development, and we have examples of infantile uterus. From my own observation I have been led to believe that the Fallopian tube is more frequently malformed than the ovary, and that this malformation has as its initial error whatever else may develop from it, a persistence of the convolutions that the tube has as it descends into the pelvis. These convolutions remain with more or less definiteness until puberty; the tube then becomes straight, and is thus fitted to maintain a communication between the ovary and uterus. Quite recently I removed an appendage that illustrated this variety of malformation. The patient was married, but had never been pregnant. Menstruation had always been extremely painful. In addition to a cystic and adherent ovary, there had been peritonitis. I found a tube perfectly developed but convoluted. The twists resembled those of a Fallopian tube before puberty, and were, from their arrangement in the broad ligament, undoubtedly a persistence of that condition. I have met with several similar instances, but this one was the most pronounced that has come under my observation.

Acquired damage of the uterine adnexa may usually be traced to



some form of inflammation. Here we open a broad field for investigation, but, for practical purposes, we may divide these inflammations into specific and non-specific. In the *first* class we place gonorrhœa; in the *second*, any conditions, simple or cystic, capable of producing local or general peritonitis.

Gonorrhœa, undoubtedly, plays an important part in the history of damaged uterine appendages. Especially is this true of cases in which the principal lesion exists in the Fallopian tube,—salpingitis, pyo-salpinx, and occlusion. I have rarely found a genuine pyo-salpinx where there was not a probability of specific injection. I do not deny that such may exist. Injudicious intra-uterine medication may even set up such an inflammation, which, being communicated to the Fallopian tubes, is followed by suppuration and circumscribed pus-formation. There is a specific inflammation of the Fallopian tubes as truly as there is a specific inflammation of the urethra; and as we have a non-specific inflammation of the urethra, so also may we have a non-specific inflammation of the Fallopian tubes. Clinically, I think the former is the most frequent, but that the latter may occur and run a course in the acute stage scarcely to be distinguished from gonorrhœal inflammation, is confirmed by increasing observations. These non-specific cases of pyo-salpinx are quite distinct from disease of the uterine adnœa that result from peritonitis. The morbid process begins in the Fallopian tube, the lining of which shares, with other serous surfaces, the pus-forming property and, undoubtedly under conditions which cannot now be well defined, may set in action pathological changes that result in suppuration.

Peritonitis and its attendant, cellulitis, almost always leave some trace upon the ovaries and tubes, varying in extent with the intensity of the initial lesion. That many of these cases have to do with the puerperal state, we all know. There is a metritis,—and this is usually septic,—followed by inflammation of the uterine appendages. Sometimes a single attack is sufficient to cause irreparable damage to the ovaries and tubes. More frequently one attack of peritonitis predisposes to others, and then the adnœa can scarcely escape the most serious consequences.

When the case has reached the stage of diagnosis, that is, when we can say with assurance that the appendages are damaged, that they are not only diseased, but are unable to properly perform their function, the pathology is associated with adhesions, more or less

extensive, of the ovary and tube, or of one without the other. These adhesions are of no definite form. I have seen them contracted with almost every organ and part of the pelvis, though more frequently, in severe cases, the Fallopian tube is bent, and its fimbria adherent to the ovary, and the ovary fastened behind and below the broad ligament.

I have not been able to trace any constant relation between the extent of the adhesions and the degree of suffering that exists. As a rule, the area and density of the adhesions go hand in hand with the objective symptoms, but I have known it to be otherwise. Appendages but slightly adherent have been the seat of the most intense suffering and conversely. In this connection I have observed several interesting clinical facts. In some instances, the side that presented the gravest anatomical lesions was not the side in which the most severe suffering was felt. That this has been due to sympathy or reflex action is proven by the entire relief that followed removal of the diseased appendage. Then, again, the cases that have presented the densest adhesions are those that make the best recoveries. I do not mean by this the easiest recoveries, but the most perfect and satisfactory so far as relief of suffering is concerned. I offer no explanation of this save possibly that the more complete disturbance of the pelvic circulation that the separation of extensive adhesions involves, is an element in the restoration of pelvic health, it being necessary to divert the blood from former and abnormal channels, and to remove a surplus of nourishment from certain locations that have become centres of pain. While in the majority of cases adhesions form an important part of the pathology of damaged uterine appendages, there are some cases in which no adhesions exist, but the ovary becomes somewhat contracted and filled with small cysts, and the tube becomes very hard and loses its flexibility. This condition is easily diagnosed. The ovary lies quite low, and is, when pressed with the finger, excessively sensitive, and the tube feels like a piece of whip-cord in the pelvis. The lower border of the broad ligament may be easily defined; indeed, all the uterine ligaments are more or less tense and infiltrated. Ovaries in this condition are incapable of normal ovulation, and generally give rise to the most intense suffering—pain that is not confined to the region of the damaged appendage, but of a reflex character, affecting almost any organ or part of the body. This form of damaged uterine appen-

dage also may arise from inflammation which does not proceed to plastic exudation, but which interferes with the nourishment of the organs by occluding the blood channels. They may also have their origin in imperfect nutrition, which dates from the period of puberty.

I have seen several cases of small contracted ovaries, and hardened tubes, that could without doubt be traced to an attack of scarlet fever before puberty. The changes so wrought upon the reproductive glands are not active, and pass unnoticed, but when the menstrual function is established, or later, when the placenta-forming function of the uterus becomes more fully developed, the appendages are found to be abnormally small, and highly sensitive, and the tubes as we have already described them. With such an ætiology, both appendages are usually effected, menstruation is extremely painful, and the patient is sterile.

THE TREATMENT of damaged uterine appendages falls into three divisions :

- a. With medicine, including local treatment.
- b. With electricity.
- c. By laparotomy.

When I consider the pathology of any one of the forms of damaged uterine appendages that have been mentioned, I feel little confidence in the power of medicine to break up adhesions of the ovary and Fallopian tubes) or to restore the normal condition of the cirrhotic ovary that has been associated with scarlet fever, or other exanthematic diseases occurring during childhood.

Nor do I find aught in experience or medical literature to make it probable that a pyo-salpinx, or a hydro-salpinx, is amenable to medicinal action. Internal treatment, combined with local treatment may control congestion and possibly prevent the further progress of the disease, but here the power of drugs ceases, and the disease must be dealt with upon other grounds. I, therefore, do not consider myself, justified in consuming much time, with either internal or local medication in the treatment of damaged uterine appendages. It will be remembered that I am here speaking of the conditions as defined at the beginning of this paper.

With the use of electricity in the treatment of damaged uterine admœa, I have had some experience. This has been gained from

my own practice, but in a more extended way, from the practice of other surgeons, who have applied this method more extensively than I have done. I have not seen a damaged uterine appendage cured with electricity, but I have seen a large number of cases that I have thought were aggravated by its use, and I have operated upon many cases that I am convinced were complicated and made more difficult from having been first treated by this method. Temporary relief of suffering may be obtained, but I have not known the true pathology to be reached. Adhesions are not broken up, pus if dissipated, which I doubt, not prevented from reaccumulating, ovaries are not developed, or Fallopian tubes rendered patulous. In my own practice, therefore, I am obliged to exclude electricity for the treatment of damaged uterine appendages.

There now remains to consider the treatment of damaged uterine appendages by their removal. No surgeon will resort to this measure until he is satisfied that nothing less radical will effect a cure, but I think that laparotomy is frequently delayed longer than is wise or best for the patient. We have too much, now-a-days, of needless mutilation and over-zeal for operations. As surgeons true to our art and to the patients who confide themselves to our care, we can only plead mistakes in judgment, and these mistakes will be less frequent with increasing knowledge. I believe the principle of removal to be correct; the question turns upon the selection of cases, and this will be more accurate with a better understanding of pathology and greater skill in diagnosis.

A uterine appendage, damaged as we have described it, has its function destroyed, or what is worse, impaired, so that impregnation if it occurs is imperfect, which tells upon the offspring, more than upon the mother? Removal, therefore, of the damaged organs cannot in any way effect the child-bearing function, for this is already destroyed, and it is now well proven that the operation in no sense unsexes the woman.

The mortality from the operation is at present reduced to about ten per cent., and in some instances even this insignificant figure is less than may be expected from having the diseased organs in the pelvis.

The expectant view of a laparotomy for damaged uterine admcœa is apt to be overlooked, but it is by no means among the least important one to consider, for not only is the disease likely to spread

from the side first attacked, but fatal results are to be expected from the rupture of cysts situated in ovaries and tubes.

My advocacy, therefore, of removal of the damaged uterine appendages in opposition to other methods of treatment, rests upon the following :

I. The restoration of functions by other methods of treatment is very uncertain if not impossible. The organs may in consequence be looked upon as entirely useless, or harmful, inasmuch as imperfect impregnations may take place.

II. The presence of the diseased organs in the pelvis may become a constant menace to health and even life.

III. Laparotomy is the most certain and rapid means of effecting a cure.

In a large proportion of the cases suitable for laparotomy the operation has been followed by favorable results, that is, suffering has been relieved ; in any event a very probable danger is averted, which alone is a justification for the more radical treatment, but in some instances the results are disappointing, so far as relief from suffering is concerned.

Among other causes these failures frequently result :

1. Improperly studied cases.

2. From a faulty *technique*.

3. From a forced convalescence, by which I mean allowing the patient to rise too soon and not giving her sufficient time to recover from the operation, or for the system to accommodate itself to the sudden change forced upon it.

As we have before said, with increasing knowledge and more accurate diagnosis, cases will be better selected. The operation is new, and we have not yet defined its legitimate field ; with the growth of specialists, for which I earnestly plead, we will be able to treat uterine appendages before they become damaged beyond repair, and they will also be brought to us for removal before such alterations in contiguous parts, and in the organs themselves develop so greatly as to complicate any operations for their removal, and hence retard recovery.

That our methods of operating are not perfect, goes without saying ; but I think the principal questions concerning our *technique* relate to the separations of adhesions and the treatment of the pedicle.

Since I have learned to use Iodine in the abdominal cavity with-

out fear, I do not hesitate because of hæmorrhage to separate the most dense adhesions. I much prefer Iodine to the pro-sulphate of iron, so highly regarded by Mr. Tait, and have never yet failed to control proper oozing from torn adhesions by its use, nor have I found unpleasant conditions to follow, even when the abdomen has been thoroughly swabbed out with it. In one case when the hæmorrhage was alarming, coming from an extensive surface and I was obliged to almost bind the abdomen with Iodine, I thought this developed iodism, but this was only temporary and left no after-effect.

Other things being equal, the more adhesions that are torn and the less they are tied, the freer from suffering will convalescence be. In the removal of damaged admœa, it is rarely necessary to use the ligatures for adhesions, but I believe better results will follow pressing the adherent surfaces apart than when they are torn with violence. Indeed, violence should never be employed in the abdominal cavity, for while the operator may seem to be using almost unjustifiable force in separating adhesions, this force is expended in the waste and outside of the abdomen.

Our present method of treating the pedicle by tying has the merit of safety, otherwise it has little to recommend it, for it not only introduces a foreign body that must be disposed of, but it constricts more or less sensitive tissue. In this fact we find a chief cause of continued suffering after removal of the uterine appendages. As long as the ligature is in force, no longer, will pain be felt. Of all knots the Staffordshire is the most trustworthy, but this very circumstance renders it especially effective in prolonging suffering. It constricts unnecessary tissue, as all ligatures do. The ideal method of tying the broad ligament and ovarian pedicle is by the separate ligation of arteries with catgut. The method would be tedious, but is practical, and if I could procure a trustworthy catgut I would try it. At present I know of nothing in the market that I am willing to trust for that purpose.

The period of convalescence after removal of damaged uterine appendages is frequently unduly hastened. Our patients after the first twenty-four hours are, as a rule, very comfortable, and we are apt to forget, in the relief of the experience, the true character of the operation and the bearing it has upon the whole economy. No matter how slight the operation has been, a definite process of repair must be passed through, a physiological process, which consumes a

certain period of time. Rest is an important element in the repair of any tissue. Then, if both appendages are removed, the system must pass through an enforced change, both physical and mental, and many of the cases reported as failures have, I believe, been prematurely judged, for they have not yet passed their climacteric. Before operating for the removal of the appendages, I always prepare my patients for what they may expect if the change of life is thus brought on, and I find them much more willing to wait for a cure, and less disappointed because of delay in obtaining prompt relief, than if kept in ignorance of the very probably extended convalescence.

I now oblige all my patients, without exception, who have had a laparotomy to remain in bed at least three weeks. During that twenty-one days they are not allowed to sit up in bed. In many instances this seems unnecessarily severe, for after the first five or six days, they are usually very well, sleeping well, and with good appetite and good digestion. But since adopting this rule my recoveries are more rapid and altogether satisfactory.

*FORTY-SEVEN CONSECUTIVE ABDOMINAL SECTIONS.*

By J. M. LEE, M.D., ROCHESTER, N. Y.

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BETWEEN October 24, 1889, and October 27, 1890, in private and hospital practice, I performed forty-seven abdominal sections, which were made up as follows :

Four abdominal hysterectomies for large myo-fibromata, eighteen for ovarian cysts, two for dermoid cysts, two for pyo-salpinx, two for large hæmato-salpinx, three for diseased appendages which had caused insanity, eight for cystic degeneration of the ovaries, tubular disease, and extensive adhesions, which totally disabled these patients ; one each for obstruction of the bowels, ventral hernia, chronic peritonitis, and non-malignant papilloma of the peritonæum ; and four purely exploratory.

Quite a number of the above cases are both unique and instructive, and it is the purpose of this paper to report, at considerable length, some which may be of service to the profession.

CASE I.—Miss E. P., single, forty-two years of age, entered the Rochester Homœopathic Hospital, November 25, 1889, and gave the following history : She had suffered from an increasing dysmenorrhœa since puberty ; and at the age of twenty-five her general health, and more especially her nervous system, began to show signs of disease. About two-thirds of the time she was unable to attend to her household duties, and was always obliged to keep her bed during the menstrual period. The disease grew gradually worse, until it compelled her to give up all care, and two years before she entered the hospital unmistakable signs of insanity developed. The mental symptoms were always aggravated at the menstrual epoch, and on questioning her I found she could not converse in a rational manner. She had received treatment from competent physicians during all these years. Examination revealed a mass behind the uterus which proved to be the diseased ovaries and tubes, bound to



gether by strong adhesions. The peritonæum was an eighth of an inch thick, and in a state of chronic inflammation. Effusion had taken place, and several ounces of water were discharged from the abdomen at the operation. She was restless during her recovery, and after the tenth day sat up in bed much of the time. Her conversation was still incoherent and irrational. She was discharged from the hospital on the fifth week, and gradually recovered from her enfeebled mental and physical condition. At the present time, nearly two years from the date of the operation, she shows no signs of a return of the mental derangement.

CASE II.—Miss M., aged twenty-eight years, had, for five years, suffered frequent attacks of insanity, and was twice an inmate of the Utica Asylum. About one year ago, she developed unmistakable signs of a return of this dreaded disease. At her menstrual periods her pain was unbearable, and the insanity more noticeable. Operation was decided upon, and the following condition found: Large cystic ovaries, hæmato-salpinx, and chronic peritonitis. During her recovery she did many strange things, but one was especially hazardous. On the twelfth day, the nurse did not call at her room as often as she thought necessary, so she left her bed and went up stairs to ascertain the cause. This did her no harm. She was discharged from the hospital three weeks from the date of the operation, her mental condition rapidly improved, and at the end of eighteen months she remained perfectly well.

CASE III.—Mrs. R. C., aged thirty-eight years, another patient of this class, had been committed to the Buffalo Asylum. Her husband finally secured her release and brought her to the Rochester Homœopathic Hospital for examination. Well-formed ovarian cysts the size of a lemon were found on both sides, and the diseased organs were removed. On the second day a sharp attack of nephritis developed, and her evening temperature registered 104 degrees for several days. At the eighth day, just as this disease was believed to be under control, she suddenly became restless and burst open the wound. She was taken into the operating-room, the omentum and intestines replaced, the edges of the wound scraped and closed as before with silk-worm gut. Six weeks from the operation she was discharged from the hospital free from her old pelvic pain, "clothed and in her right mind." Up to the present time, about a year from the date of the operation, there have been no signs of insanity

or symptoms of nephritis. She has gained flesh and strength—in short, a new era has dawned upon her.

Besides the above three cases of well-marked mental disease, I have treated during the past seven years, four other patients by removal of the diseased ovaries and tubes. Several surgeons of extensive practice have incidentally told me that they have had similar experience. Moreover, the surgical literature of the day contains scores of reports of insanity cured promptly by the removal of diseased ovaries and tubes. Of course, these results follow the operative treatment only in properly selected cases, as, where the mental symptoms accompany the menses, or are greatly aggravated at those periods. Even then, we should be very cautious.

Although the above facts are apparent on every hand, I heard a young professor, who occupies the chair of diseases of the mind and nervous system in one of the best post-graduate schools of this country, tell his large class that insanity very rarely resulted from diseases of the ovaries. In proof of this strange assertion he stated that he had written to all the asylums in America and England for statistics on this point, and had been able to find but three cases whose insanity resulted from the above cause. He admitted, however, that laceration of the cervix was a frequent cause of mental derangement. Now, this is, indeed, a most remarkable statement. An ordinary mortal, like myself, is not able to see how a diseased cervix, meagrely supplied with nerves, and almost devoid of sensation, can cause such havoc with the nervous system; and, on the other hand, the delicate ovaries, with their abundant nerve-supply and exquisitely sensitive texture, create so little disturbance when diseased. Yea, further, this is all the more difficult to comprehend, when we remember that what little sensation the cervix has is mainly due to nerves derived from the same source as some of those which also supply the ovaries.

His statement that lacerated cervix is a frequent cause of mental disease, is doubtless correct. It is also equally true that, according to the experience of surgeons, diseased ovaries, and tubes, is a more frequent cause of insanity than cervical laceration. If he had been fair in his investigations, and written to the surgical hospitals throughout America and England, as well as to the asylums, he would probably have established this fact. But he was content to secure evidence on one side of the case, only, and no judge would find a verdict under such conditions.

Again, a correct diagnosis of diseased ovaries and tubes is extremely difficult; and under certain conditions, impossible, even with those especially trained in these cases; while it requires but little skill to discover a laceration of the cervix. Now with the fact before us, that all the asylums of two great countries report but three patients whose insanity was traceable to diseased ovaries, is it not fair to suppose that as a rule this condition is overlooked altogether by the neurologist and the easily detected lacerated cervix diagnosed? This is the only way we can explain such a strange statement.

The next two cases are those of pelvic peritonitis, improperly termed cellulitis.

Mrs. M., aged forty-two years, entered the Rochester Homœopathic Hospital and gave this history: After her last confinement, twelve years since, she was obliged to keep her bed for several weeks and suffered with some form of inflammatory disease inside the abdomen, from which she had never recovered. During all this time her disease was not properly diagnosed, although she had constant treatment for what was termed "womb trouble," without any satisfactory improvement. For four years she had spent much of her time in bed, and was obliged to ease her pain with frequent doses of morphine. I decided that an operation was the only thing that offered her any hope of regaining her health. On opening the abdomen, both ovaries were found to be cystic, and bound to the tubes and surrounding parts in a mass of adventitious tissue, from which it was difficult to separate them. Her recovery was uneventful, with the exception of stitch abscesses and albuminuria which lasted for a few days only. One week after the operation, the deep-seated pelvic pains subsided, and she expressed herself as feeling better than she had in twelve years. She was discharged from the hospital five weeks from the date of the operation, free from pain, happy, and sound.

A remarkable case was that of Mrs. C., of Rochester. She was thrice married, and the last time was so unfortunate as to secure an immoral husband, who infected her with gonorrhœa. Inflammation of the pelvic organs developed which confined her to her bed for three months. After the acute symptoms subsided, a mass of adhesions was left about the uterus and ovaries, which was so extensive and hard that her physician had made a diagnosis of fibroid tumor

of the uterus and sent her to me for operation. She entered the hospital September 20, 1890, and the operation showed the mass to be composed of the uterus and appendages, together with the omentum and intestines, which were firmly united to the rectum and other tissues. The omentum was also adherent to the anterior surface of the uterus and its appendages, and had to be broken through before the adhesions which bound the uterus and ovaries to the rectum and other tissues, could be separated. The finger of an assistant was placed in the vagina and served as a guide while these adhesions were divided. I assure you it was one of the most difficult tasks that has occurred in my practice, to liberate and remove these cystic ovaries and tubes. A glass drain was left in for forty-eight hours, and the patient made a good recovery.

The above two cases of extensive adhesions about the uterus and appendages, with diseased ovaries, although more serious than this class of patients average, will serve to illustrate the great benefits derived from the surgical treatment of the results of pelvic peritonitis, or "cellulitis," as the older surgeons termed it. This disease in ninety-nine cases out of one hundred, is caused from uncleanly instrumentation, badly attended abortions, or confinements, and gonorrhœa. Septic material works its way up through the uterus, then out through the Fallopian tubes and infects the peritonæum round about the appendages; fever follows; the abdomen becomes distended and sensitive; in short, the patient may suffer from salpingitis, ovaritis, and pelvic peritonitis. A very frequent sequence of the above group of diseases, is the development of cystic ovaries, pyo-salpinx, etc., or of extensive adhesions which bind the uterus, appendages, omentum, and intestines, together in one mass. As is indicated above, this condition has been, and still is, frequently called "cellulitis;" as a matter of fact, few abdominal surgeons have ever seen a case of "cellulitis," and many doubt its existence altogether. That adhesions are formed, due to peritonitis, no one doubts. Of course pus is frequently seen in the pelvis, as a result of degenerated ovaries, tubular diseases, or of an old hæmatocele, etc., but it rarely or never exists in the cellular tissues as a result of inflammatory action, *per se*. The term cellulitis is used much the same as that other misomer—"malaria"—to cover a score of diseases, and too often valuable lives have been lost because proper treatment was not had at the right time.

When conditions like the above, and frequently those much less serious, are encountered, no amount of careful prescribing or local treatment will avail. Resource to abdominal section, in the majority of cases, must be had if we would cure our patients. Yet it is the custom of some physicians to criticise just such reports as this, on the ground that the doctor has operated on more patients than his clientage would warrant; or, that many of them might have been cured with the indicated remedy or local treatment, without subjecting them to the dangers incident to surgery. For the benefit of such I will say that these patients came from nineteen towns and cities, and many of them were sent by well-informed physicians who had faithfully tried dilatation, electricity, tampon treatment, douches, and the indicated remedy; all of which had failed to cure.

It is useless to treat this class of cases by any of the means above mentioned. As thorough knowledge of their nature as is possible must be obtained, for there are no diseases in which a correct diagnosis is of more value than in those which have their origin in the pelvis. It is often impossible, however, to discover the exact nature of these cases without an exploratory operation. The oftener one opens the abdomen the more convinced he is of this fact; still, we should always be able to separate the medical from the surgical cases.

Lawson Tait says: "Absolute accuracy of diagnosis in the abdomen is very far from being possible. Only the ignorant assert that it is, and only fools wait for it." This is strong language, but not too strong. With me it always has been a rule to explore all doubtful cases, where the conditions would warrant, and this practice has proved highly satisfactory. By me no operation is ever partially completed, then abandoned; in all cases they are either exploratory or complete. If an operation goes beyond the abdominal incision, and a careful inspection of the parts, it is always completed regardless of the tissues or organs involved, and I believe this plan of treatment saves many a life.

Of the exploratory operations included in this report, two cases proved to be malignant disease, which apparently began in the uterus and ovaries, respectively; and as effusion had taken place, I could not be positive that ovarian cyst was not present. As I regard the exploratory incision nearly as safe and far more satisfactory than tapping, I adopted that means of diagnosis. The third tentative

operation showed malignant tumor of the uterus, and the fourth a fibroid which it seemed wise not to disturb. The adhesions were such, it could not be removed without great risk to life, and it did not cause sufficient inconvenience to warrant the operation.

Of the four cases of hysterectomy for myo-fibroma, two were single women, aged thirty-three and thirty-five years respectively; the other two were married—one was twenty-eight and the other thirty-five years old. Only one of them had borne children. But for the disturbances induced by the tumors, these patients were in sound health, except in one case, that of a colored maid. She had chronic bronchitis, together with albuminuria, and was greatly emaciated. Her tumor was of the hard or so-called red variety, and bound down by strong adhesions. Although the growth was small, both ovaries were diseased and impinged upon. She suffered excruciating pain, and for two years was obliged to make life tolerable by frequent doses of morphia and rest in bed much of the time.

Another growth of this class seemed as hard as a stone to the touch, but when cut through proved to be quite elastic. It was composed of numerous large sinuses, and, when the blood was expelled, resembled a section of coarse sponge.

The two remaining tumors are known as the large white or oedematous variety, and one of these had become cystic. The ovarian vessels, especially the pampiniform plexus of veins, were enlarged almost beyond recognition. Some of them were an inch in diameter and on first sight appeared as much like a loop of small intestine, congested, as anything else. The extra-peritoneal treatment of the pedicle was adopted in all these cases. In two, Tait's modification of Koeberle's wire constrictor was employed and in the others the elastic ligature and Wilcox's pins. The latter method is easier to execute, less cumbersome, and yields just as good results. The pedicles separated in from the sixteenth to the twentieth day, and the patients were discharged from the hospital from the sixth to the eighth week.

The oedematous form of myo-fibroma often behaves much the same as ovarian cysts and causes death just as certainly. The pathological condition of these growths is such that it seems impossible for any plan of treatment to prove curative, except hysterectomy or some form of excision. Yet from time to time extravagant claims have been made for half a dozen other plans of treatment, and doubt-

less a few cures have been effected. On the other hand, patients have occasionally recovered without any treatment. Still, such measures as the indicated remedy, ovariectomy, the cutting off of blood-supply by the ligature, ergot injections, the curette, and electricity may be indicated chiefly as palliatives, where curative treatment cannot be applied.

Two or three years ago it was believed by many that strong currents of electricity would disperse growths. A physician became so enthusiastic as to state before our own New York State Society that he had not only removed fibroids, but he had also dispersed five large ovarian cysts by electricity as used by Dr. Apostoli. Similar reports were made all over the country, and numerous careful, impartial and learned investigators set to work to establish the sphere of usefulness of this new treatment. After about two years of experimentation the following facts were deduced :

- I. Electricity will not disperse ovarian cysts.
- II. Electricity will not disperse fibroid tumors.
- III. Electricity will not have any effect on large œdematous or white myo-fibroma.
- IV. Electricity will reduce the size of some hard or red fibroids and remove troublesome symptoms, but will not disperse them.

It requires no greater stretch of imagination to believe the electric current capable of obliterating the axillary or femoral vessels—aye! even the great aorta itself—than to suppose it capable of shrinking up the great vessels and sinuses, which supply or enter into the composition of these tumors.

It is not intended to decry the use of electricity ; quite the reverse. It is a most valuable agent in the palliative treatment of at least one variety of these growths ; but the evidence of the many is that it will not cure them. And when one says : “ The surgeon who understands the effects of galvanism on fibroid tumors of the uterus, of every character, now scorns the knife, he goes too far and holds up an extreme.” It is wisely said that extremes cure themselves ; so this electrical treatment will find its level.

The ovariectomies for large tumors were badly complicated, with but few exceptions, and although a number of them are of unusual interest, I will report but one case, that of Mrs. W., of Texas, who entered the Rochester Homœopathic Hospital, July 24, 1890.

Her history showed that she had suffered from abdominal enlarge-

ment for five years. The allopathic physician who had charge of her case diagnosed ascites and tapped her five times. On withdrawing the fluid the last time he discovered that a hard mass remained, whereupon he changed his diagnosis to that of ovarian tumor and sent her North for operation. With other "valuable" parting advice, he requested her not to fail to secure the services of a "regular" as the physicians of the homœopathic school were not skillful in surgery. But as he had been a "regular" attendant of her case for five years, and did not make a correct diagnosis until the eleventh hour, when the time for cure had nearly passed, his advice was not highly valued. The examination showed an enormous tumor, with several hard parts which were immovable and appeared to be adherent. An irregular nodular mass filled the pelvis and extended above the pubes.

At the operation the tumor was found to be a proliferous ovarian cyst, with extensive colloid degeneration. Throughout large areas there were parietal adhesions which, together with the malignant changes, were probably due to tapping. What was still more serious, a solid portion of the tumor was firmly fixed in the pelvis, so as to render it impossible to secure the broad ligaments. In the removal of this they were torn across and the rushing hæmorrhage, together with collapse, developed an emergency which required the coolest and most efficient treatment to conduct to a successful issue. She reacted well and progressed favorably for twenty-four hours, when bilious vomiting and tympanitis developed, and at the end of another day the vomited matter became stercoraceous.

It was now evident that we had to deal with obstruction of the intestinal tract and early in its development the recognized treatment was faithfully carried out, but without success. I had given her personal attention for forty-eight hours, and at the end of the third day it was apparent that the treatment employed was not likely to prove successful. Careful preparation for reopening the abdomen was made and skilled assistants were in their places. At seven o'clock in the morning the patient was taken into the operating-room and the wound reopened; she bore the ether much better than at the first operation and was on the table but a few minutes. The wound had healed by the first intention, except where the drainage-tube was removed the day before, and there was but a half ounce of bloody serum in the cavity of the abdomen. The omentum was



adherent to the line of incision and the small intestine bound together in a mass, especially in the region which was occupied by the drainage-tube.

The work of dividing the adhesions required great care and considerable force; indeed, one would not believe that such strong adhesions could have formed in so short a time. It was well-nigh impossible to separate many of the loops of intestine without rupturing them. The adventitious tissue which held them together was very tough and could be peeled off in strips an eighth of an inch thick and several inches long. The toilet of the abdomen was quickly made and the wound closed.

Her bowels moved while she was on the stretcher *en route* to her room, and large quantities of gas and watery fluid were passed soon after she was placed in bed.

The fecal odor of the matter ejected from the mouth subsided within a few hours, but the vomiting continued for several days. Finally this yielded and a colliquative diarrhœa developed, which lasted for a week or more. There were no other complications.

She was discharged from the hospital the sixth week, and has since returned to her home in Texas and reports herself as perfectly well.

The above forty-seven cases recovered, with the exception of one patient who was brought in on a stretcher, and was well-nigh moribund. She had been ill with peritonitis for six years; there was effusion and general adhesions; there was no chance to improve her condition with medical treatment, and she succumbed to peritonitis, with a temperature of 106 degrees, on the second night following the operation.

#### DISCUSSION.

WM. TOD HELMUTH, M.D.: I cannot tell with what feelings of pleasure I have listened to the portion of the paper which has just been read by my friend Dr. Lee, and it is unfortunate, indeed, that the time allotted is so short that we are unable to hear the complete paper. To any person, be he physician or layman, who has been conversant with the progress of surgery in the homœopathic school and who can compare the "*times that were*" with "*the times that are*," it would be instructive as well as delightful to note the improvement that has taken place in that department of medicine to which I have had the honor and the pleasure of devoting my entire life. In the olden days—and the time is not so very far removed from

the present—a paper like that of Dr. Lee's or Dr. Ostrom's or Dr. Phillips', would not have been allowed to appear before such a homœopathic convention. If you will remember in the papers referred to there was no allusion to homœopathy—they were purely surgical papers prepared by men who believe in the motto, *Similia similibus curantur*, that flies above me here. Looking then, as we do, at these papers, presented by the surgeons of to-day, and comparing the feeling exhibited by homœopathic physicians to all surgical science in the years gone by, I say I can see such an increase in good feeling and such amazing advances in scientific recognition by those professing homœopathy, that the people will soon begin to understand that homœopathic physicians have knowledge of something more in medicine than symptomatology, and then we may look for recognition in the army and navy of the United States. And, gentlemen, despise the practice of surgery as you will and as many of you do, you will never obtain your rights in public hospitals and asylums in this country or in any other, until surgery, theoretical and practical is taught and practiced. I stand for that department of the profession, for the elevation of which I have worked since I entered it and for which, when my time comes, I am ready to die.

In taking up Dr. Lee's paper, which I have great pleasure in speaking about, it covers such a wide field that it would take not a dozen hours, but a dozen days to properly discuss it. When one speaks of forty-seven laparotomies performed for the diseases enumerated in the title, it is difficult indeed to select that which it will be most profitable to discuss.

A laparotomy means the opening of the cavity of the abdomen including the *peritonæum*, hence, the operations in the line of nephrectomy and nephrotomy together with supra-pubic lithotomy are omitted from the category. When we consider all the organs lying between the diaphragm above and the *levator ani* below, we will begin to understand the wide field that laparotomy covers. In itself even, laparotomy is a peculiar operation; I mean simple laparotomy. The simple opening of the cavity of the abdomen, sometimes produces very singular results. Fibroid tumors have been known to diminish simply by a laparotomy; echinococcus of the liver has been known to disappear after a simple incision into the abdominal cavity; tubercular peritonitis is now treated by opening the abdomen and washing it out. (Perhaps new microbes enter the cavity and set up such a commotion that healthy action is the result). To exclude most of the diseases for which Dr. Lee has performed laparotomy and to look at it in its connection with myo-fibromata (be they red or white), it seems to me that the plan of operation adopted in the paper before us is the proper one, viz., supra-vaginal hysterectomy. There is nothing that makes a surgeon

feel more comfortable than to simply open the abdomen, draw out a tumor without any adhesions, apply the ligature, tap it and cut it off; and there is no more difficult operation that I know of, than the removal of a big red fibroid with large veins coursing over its surface and with numerous adhesions tying it to the intestines and to the abdomen. Nothing tries a man more and nothing humiliates him more. He feels how very small he is in the presence of such a disease and how difficult and dangerous is the operation upon which he is engaged. The mortality of the operation for the removal of the myo-fibromata in olden times was very high; now the mortality is decreasing almost daily and I regard the diminution in the death-rate altogether due to the extra-peritoneal treatment of the pedicle. In the operation for the removal of the ordinary ovarian tumor the intra-peritoneal treatment of the pedicle by Tait's knot and the return of the stump to the cavity of the abdomen has given the best success. If the after-treatment of the supra-vaginal hysterectomy is watched, it will be found that a certain amount of slough is produced by the ligature, and this *débris*—extraneous matter—can be washed out and prevented from entering the abdominal cavity. If the stump is returned to the abdomen then this foreign material is a source of infection. And even with the introduction of the drainage tube and constant washing, it is difficult to prevent symptoms of septicæmia. I had intended to say a word regarding the use of opium in the after treatment of laparotomy, but have only time now to make one remark, and that is, that the use of opium after laparotomy must be the *exception and not*—(as in the olden times) *the rule*—; that the administration of morphia produces the worst results, and that when it is indicated, it is neither for the relief of pain, nor to arrest peristalsis, but to stimulate the heart's action. This is not—I am aware—the generally accepted notion of the action of opium, but I am convinced that opium is in many cases a cardiac stimulant, and have arrived at this conclusion from actual personal experience, especially after the performance of laparotomy.

W. M. L. FISKE, M.D.: I am simply going to speak of the sentiment against the removal of the uterine appendages. I thoroughly endorse all that the doctors have said, and I have a certain degree of modesty in following Dr. Helmuth, but as my words are simply to convey to the physicians here my ideas against the sentiment which surrounds the removal of the appendages, I wish to speak of that alone. There are men in this room who have diagnosed and removed suppurating kidneys and have thereby lengthened life and restored health and comfort to their patients; there are men in this room who have removed the uterine appendages and who have actually restored life and given happiness to a great many people. If any of them have ever removed healthy ovaries by mistake that mistake counts as but one, but there are physicians

all over this land to-day who are surrounded by sentiment and ignorance, and who have no control over their patients, who are suffering for the want of this operation. Such patients are numbered by thousands, against one who has suffered the removal of healthy ovaries.

A man in his sensuality will contract gonorrhœa, will convey it to his wife, and in his fear of being detected as the source of the trouble and the cause of his wife's misery and disease, will object to her being placed in a position where it is possible for the causative disease to be discovered. I hope to have the support of the law not long from now which will prevent a man so diseased from marrying. The Government spends thousands of dollars to prevent cholera, and for other similar purposes, but it has never given this vital matter of the direct communication of disease through marriage a single thought. There is not a law in any State that prevents the marriage of a diseased person. Now, if a woman has diseased ovaries, Fallopian tubes, or uterus, she is not fit to marry, and we as homœopathic physicians are the first to err; we have so much confidence in our remedies and in our treatment; but medicine will not remove these diseased conditions and the knife is the only thing that will.

S. R. BECKWITH, M.D.: The paper of Dr. Lee admits of no discussion. He has furnished a record of *forty-seven* consecutive successful laparotomies. An unsurpassed success in this, and so far as I know, in any other country. The operation originated in our country, and it is gratifying that one of her citizens has been most successful. And as a body we are proud that one of our members has won this great honor. I can add nothing to what Dr. Helmuth has said. But with all due respect I beg to differ with his statement in which he expresses pleasure that the paper does not mention homœopathy. I would have liked it better if there had been a little more homœopathy in it.

My first operation was when very little was known of ovariectomy. I followed Sir Astley Cooper's advice in the general removal of tumors, "Cut on the line of the long axis of a tumor," which happened to be over the linea semilunaris. I never saw an easier operation or a quicker recovery. I then believed and think I now know that the speedy recovery was due to Aconite, Bell. and Arnica. In the majority of cases the operation is quite simple. The greatest skill yet acquired is the skill of successfully combating the inflammation following the operation. Here is where the homœopathic surgeon gains the advantage.

I know of no operation where surgeons formerly surrounded it with the same number of qualifications and restrictions.

The preparations and requirements preceding the operation were such that patients were fearfully alarmed. The array of appliances and numerous assistants impressed the woman with the belief that

the operating cover would be her shroud. That long incision from cartilage to pubes was dangerous of itself. One of the most important reasons for modern success is the dismissal of display and, more especially, the small incision. Surgeons, like other men, are liable to go round and round in the track made for them. It took twenty years to lessen the long cut to the present short incision. And it may take ten more to prove that cleanliness and pure air are the best antiseptics.

*GYNÆCOLOGICAL SURGERY—WHEN TO OPERATE.*

BY CHESTER G. HIGBEE, M.D., ST. PAUL, MINN.

To every honest, conscientious doctor, whether he is a surgeon or not, the question, is it best to have a surgical operation performed for the case under consideration, must frequently arise. Involving as it often does, the question of life or death to his patient, it places upon him the greatest responsibilities that any one can be called upon to meet.

That little thought, and less discrimination, has been given to this subject by a certain class of ambitious surgeons during the few years last past, must have been evident to any one who is familiar with the current medical literature of the day. Some of these operators "tread boldly where angels fear to walk," and their reports are so fervid, and the reported results so brilliant, that there is danger of the idea becoming prevalent that these operations can be easily and safely performed, and that we shall have, in America, another epidemic similar to the craze for trachelorrhaphy, which swept like "la Grippe," over the country a few years ago. Let us reason together, and consider the cases that, under the light of the progressive and conservative experience of the day, ought to have the aid of a surgical operation.

In a general way, we answer, that minor surgical operations in gynæcology are now so generally useful, and can be so safely performed by any gynæcologist who is intelligent and skilful, that no time need be taken in discussing them. Again, we answer, that all other approved means ought to be used for the cure of cases before we subject them to the risk of an operation. It is well known that apparently simple cases, with no objective complications, not unfrequently prove fatal. The writer could relate several such instances that have come under his personal observation while visiting some of the most noted operators of the world.

The gynæcologist who has a knowledge of, and faith in, the action of

homœopathic remedies, has a resource that will enable him to cure many cases without an operation that he, who has *no* knowledge of the action of these remedies, would consider incurable without the aid of surgery. It is just here where he who has been a general practitioner and has a practical knowledge of the complications and reflex symptoms of many diseases, ought to be better qualified to judge of the particular case in hand than those who have not had this varied experience. So-called emergency-cases will arise, where no time can be had to use ordinary measures for relief, and the surgeon must act promptly, or life has flown beyond power of recall. He should not be blamed if, in such cases, he makes some mistakes. In America, the country practitioner is not unfrequently called upon to meet such emergencies, when medical counsel cannot be obtained, and the life of the patient hangs in the balance. Some skillful and successful gynæcological surgery has been done under such circumstances which is creditable to the profession. When such emergencies arise, the question, "when to operate," is answered, "now or never." The general condition of the patient must be taken into consideration, as one important factor, when deciding when to operate. Negatively, we can say, do *not* operate for *subjective* symptoms. The reason for subjecting a patient to a serious operation must be apparent, and not a subject of speculation or surmise. It is frequently impossible to make an exact diagnosis in abdominal cases, and we are fully justified in making a short exploratory incision for diagnostic purposes if there are evident physical signs that indicate that an operation is necessary. Some one has said, that "marked anæmia, evident cachexia, or a faulty condition of any of the vital organs or viscera, at once forbids operations." Generally, this is true; and exceptions in this, as in other cases, only prove the rule. A faulty condition of some of the vital organs and viscera may be secondary to, and dependent upon, a morbid growth that must be removed before the other organs can perform their normal functions. Marked anæmia, too, may be the result of hæmorrhages, and the hæmorrhage caused by a uterine fibroid. It is evident, in this case, that the fibroma must be cured before a cure can be had of the bleeding.

In many cases, the best time to operate has been so definitely determined by those who have had the largest experience, that we can say, only delay the operation sufficient time to properly prepare the patient for it. Among these are abscesses and fistulæ of all kinds.

The drain upon the system is so great, and the prospects of a cure so uncertain without the knife, in these cases, that as little delay as possible should be had.

Lacerations of the cervix or perinæum, if to such an extent as to impair nutrition, or weaken the patient, should have the benefit of a surgical operation immediately, and not delay until the parts involved are so changed that the result of the operation will be less positive. Under aseptic treatment, no fear of septicæmia need be entertained, and we should allow no ordinary circumstances to defer the operation, hoping that by some chance or good luck the patient will recover. In all traumatic cases, where the injury is so extensive as to cause urgent and dangerous symptoms, an immediate operation is in order, and should be insisted upon. As typical of this class of cases, we mention rupture of the uterus during pregnancy, or of the sack in ectopic gestation, either of which is liable to occur from a fall, or a blow, or severe straining. We believe there will be little dissent from the opinion that all cystic or polypoid growths should be removed as soon as possible after the diagnosis is made a reasonable certainty. The rule laid down by the authorities of a few years ago, that no operation should be attempted when there was pelvic inflammation to any extent, caused many fatal delays, and it is now known that it is by a surgical operation alone that the cause of the inflammation could be removed in many cases. Amelioration of symptoms could be had for a time, but, sooner or later, they would recur, and a similar round of suffering and danger endured, until the cause was removed by an operation. The so-called adhesion of the uterus, from pelvic inflammation, is typical of this class of cases.

Operations upon the rectum, perinæum, and bladder, are not confined to women, but as by far the greater number of these cases occur among women, they would appropriately be considered under the head of gynæcological surgery. In no region of the body, nor in any range of operative procedure, will we be able to add comfort and happiness to women more than by intelligent and skilful repair of the lesions of these organs. It is here that the ingenuity of the surgeon will be tried to the utmost to know when to operate, and when to repeat the operation, as he will, at times, be compelled to do, be he ever so skilful and fortunate.

As before stated, injuries to these parts should be repaired as soon after they are made as circumstances will permit. By far the most



of these cases are caused by some exigency during childbirth, and rightly belong to the domain of obstetrics. As most gynaecologists are also experienced obstetricians, there need be no delay for this reason. We would earnestly urge no delay in operating upon all these cases. We will get union in a fair proportion of them, and no further operation will be necessary, and the patient saved much suffering and anxiety. Where we fail in these primary operations, no additional harm is done, and a subsequent operation can be performed with equal prospect of success. If, from any cause, the primary operation cannot be performed, we should do it at the earliest practical opportunity thereafter.

Operations on the vagina will also necessarily be both primary and secondary. Rupture should be immediately repaired, while prolapsus caused by undue relaxation of the walls, old cicatrices caused by ulceration or caustics, and atresias will call for later operations. In the latter cases the extent of the disease will largely influence our decision as to the time to operate. In some of these cases of prolapsus, pessaries, electricity, and injections have been thoroughly tried, and still the weakened and relaxed organ persists in coming down. No resources are left but mind-cure or colpography. In our experience the latter has proven the most satisfactory, and the operation should be performed whenever the former measures have proven of no avail. It is rarely that a case of atresia of the vagina will be met with that cannot be cured by the proper application of electricity, yet some cases are reported where it is said this agent has been used and no results obtained. In such cases an immediate operation would be advised.

Perhaps it will prevent misunderstanding to say that unless electricity is used to *remove some part* by its caustic effect, we do not call it a surgical operation, though logically the use of it to dilate the cervix, or to stop hæmorrhage, might be so called.

Operations upon the uterus, both of the cervix and the fundus, are of such magnitude, and the results so important and uncertain, that the most skillful surgeon will deliberate well before deciding when to operate. In cancer of the cervix, there is but little doubt that the earlier the disease is recognized, and the diseased part entirely removed, the better it will be for the patient. If amputation of the vaginal portion will remove all of the diseased tissues, that will suffice; otherwise, vaginal hysterectomy should be resorted to without delay.

The earlier all polypoid growths can be operated upon, the better. Sarcoma, too, should be removed by cautery or curette as early as possible. Any abscess of the organ should be evacuated as soon as the pus-cavity can be reached.

Just when to operate, if at all, for fibroids, for fibro-cystic, or cancerous formation of the body of the uterus, is still a debatable question, and one that cannot be solved but by the results to be obtained by large experience and careful observation. When the symptoms point to degeneration and dissolution of these growths, and the adhesions are not so extensive as to preclude the possibility of removal, we see no excuse for longer delay. It then becomes a question of a short time when the patient will die, unless the operation is performed, and sufficiently favorable results have been obtained to warrant the operation when this stage has been reached. The time for operation upon an inverted uterus is also indefinite, and must be determined by the circumstances attending each individual case. If the uterus is not diseased, and the patient is so situated as to have care, so that she can be comparatively comfortable, it is assuming a grave responsibility to say that she had better take the chances of an operation for the removal. If the uterus is diseased, and other treatment proves incurable, amputation should be performed.

Operations for ventral fixation are so rare, and the result so uncertain, that the time for such operation ought to be quite remote. We never have seen but one case where the operation was a benefit to the patient and a credit to the surgeon.

Removal of the Fallopian tubes and ovaries has become a fashionable and common occurrence, and when to operate for their extirpation has a greater bearing upon the health of women than that of any other operation in gynæcology. The discussion of this question, for and against, would fill volumes, and we hope is near a solution. Either Batty's recommendation and practice was greatly misunderstood, or he is responsible for the greatest number of needless and indefensible surgical operations of any surgeon of whom we have any knowledge. Though the mania has had its run, and the reaction has shown us that out of the slaughter has come experience and sound surgical knowledge that we are privileged to use for the good of our patients, we know that it is very rarely that a cyst or pus-cavity in the tubes or ovaries can be cured without a surgical

operation. When there are no positive indications to contraindicate, the operation for the removal of such tumors should be performed as soon after the diagnosis is made as possible. In either case the membranes are liable to rupture or become inflamed, and more or less adhesions form to adjacent organs. The membrane may also be ruptured, and the contents poured into the peritoneal sac and death or immediate removal are the only alternatives. When the symptoms are not urgent, it is a commendable practice to build up the general condition of our patient to the highest attainable point, and at the same time use such remedies, either local or internal, as will be the most likely to stop the progress of the disease.

When discussing the subject of fibroids of the uterus, we purposely omitted to speak of the removal of the appendages to bring about a permanent menopause, so that it could be considered in connection with the removal of the appendages for other causes. When we have a growing fibroid or myoma of the uterus, causing severe hæmorrhage at the menstrual period, and the patient is not near the age when we can expect the flow to cease permanently, then the ovaries and tubes may be removed in the hope, and with a probability that the menses will cease, and the most alarming symptom in the case will be cured. In some cases the tumor evidently diminishes in size, and the added comfort enjoyed by the patient is sufficient to warrant the operation being done early. In cases where the symptoms point to an acute abscess as being the cause of the tenderness and pain, no delay is admissible, for the abscess may break into the peritoneal sac and cause peritonitis.

It is so rarely that normal tubes or ovaries should be removed for mental or nervous symptoms, that the only rule when to operate is, after all other means have been intelligently used, and the patient is constantly growing worse. So many failures are known to have followed the removal of the appendages for neuralgia, that it is only as a last resort that it should be attempted.

So much is said, and the opinions are so diverse on the subject, as to the advisability of doing any gynæcological operation when the patient has evidently cancerous cachexia, that no specified rule can be formulated for this class of cases, other than that heretofore mentioned in connection with the uterus. That some lives have been saved, and others prolonged by such operations, is well known, and

it is good surgery to give the patient the benefit of the doubt, and operate when there is an equal chance of removing the disease.

We cannot close our paper without urging upon surgeons the importance of not only doing their work in time, but also doing it thoroughly. Our school has been accused of timidity, and want of firmness in surgical operations. Mr. Lawson Tait said that some of the best surgeons he had ever had with him were homœopaths. Having the commendation of as bold an operator as Tait, we can endure with equanimity the slurs of the minor surgeons.

## THE PROPER LIMITATIONS OF SURGICAL GYNÆCOLOGY.

BY R. LUDLAM, M.D., OF CHICAGO, ILL.

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IN the following paper it is proposed first to discuss this important subject under a few general heads and afterwards to be more specific.

1. *There is no better criterion of medical progress than the recognition of the fact that for the great variety of diseases to which humanity is subject there should be a corresponding variety of resources for their amelioration and cure.*

In this proposition we do not contend that for each separate disease there should be a given specific or expedient that will be suited to its treatment and successful under all conditions. The idea is that, as a rule, those who have known the least of disease, its causes, complications, peculiarities and clinical history have always been most easily satisfied with treating it by single, unvarying and empirical methods. The history of our art abounds in fads and fallacies that illustrate this proposition, and our own professional observation confirms it.

2. *That, as these various forms of disease cannot all be referred to one common cause, nor grouped in a single series, so the methods of treating them should vary according to circumstances.*

Clinical experience, which includes clinical reading and observation, and the individual judgment of the practitioner, which is based upon a knowledge of the medical sciences, including the *materia medica*, are the safeguard of the patient, and no routine or stereotyped plan of treatment, whether it be medical, surgical or miscellaneous, will compensate for the lack of an adequate and careful adaptation of the curative means in each particular case, or class of cases, and under all possible conditions.

3. *In medical, as in other matters, there is increased safety and*

*success in a wise and skilful adjustment of special means to special ends.*

While the multiplication of specialties in medicine and surgery is indicative of advancement, and, generally speaking, is so regarded by the profession and the public, it is not, however, an unmixed good, for in many cases the wholesome results that would naturally spring from it, as from other forms of skilled labor, are more than counterbalanced by the mischievous effect of a want of proper training, of principle, and of downright good sense in its application.

In none of the branches have the good and the bad effects of special training been more pronounced than in surgical gynæcology. It is impossible to estimate the wholesome influence of its development not only upon the proper treatment of many of the diseases of woman, but also upon surgery in general, and upon the surgery of the bodily cavities especially. Nothing in the history of our art has been more wide-reaching and beneficial, or a greater blessing to mankind; and nothing that has ever come of medical study and application to the cure of human ills is more promising for the future.

But, as always happens, its power for mischief is commensurate with its capacity for good. The more useful it is when properly applied to suitable cases, the more harmful it becomes when these conditions are reversed. So that we have to consider both sides of the question, and not conclude with the enthusiastic operator that its resources are universally applicable and always sufficient, neither with the strictly medical partisan that our patients would be as well, or even better off without them.

There is a singular sort of infatuation about the practice of medicine and surgery that is misleading, and very much in the way of a proper appraisal of our clinical outfit and output. It constitutes a kind of bias that is extremely obstinate and hard to overcome. Questions that should, and might otherwise be settled calmly, and on the basis of a sound clinical experience, are often discussed with such feeling as to disengage a great deal of heat, and to do very little good. And we are prone to forget that the extreme views which are engendered in this way cannot be justified in theory or in practice.

Apart from the prejudice of the physician against the gynæcological surgeon, which is only a new phase of an old feud, the fact that this specialty is a comparatively modern one, and that until quite recently its lessons have been chiefly taught by the old school,

should not be forgotten in this connection. For, under the circumstances—which were peculiar, and which will not last forever—the pupil was given to understand that medical means were of little or no account in comparison with those which were manual and operative, and nothing could be more natural than for him to undervalue or to ignore them. In this manner not a few of our specialists, including those who treat the diseases of the eye and the ear, the nose and the throat, for example, have drifted away from the old therapeutical moorings to which the best of them, however, are beginning to return.

Some of our of good friends are very much opposed to specialists of all kinds because these cross-bred fellows have shown such a dislike, or rather perhaps, such a disregard, of our remedies. For in many cases—particularly in the early history of these special studies, they have been substituted by the harsher means and topical applications of the dominant school, or slurred as having only a fanciful value. But this condition of development is a self-limited affair. It will not be long before the throat and nose specialist will either modify or quit using his heroic means and his too harsh applications to the diseased parts, just as the safe and experienced gynaecologist has done before him. When that period arrives he will have a better idea of what can be accomplished by general or therapeutic means, and what will require the use of strictly surgical methods. If he has already adopted the use of the curette, he may also learn from the gynaecologist that escharotics and stimulating lotions can very often be dispensed with.

One of the drawbacks in placing a proper limit to gynaecological surgery, as distinguished from gynaecological therapeutics, is referable to the habit of many young physicians, and students even, deciding to devote themselves to this branch before they have had a thorough training, or any experience in general practice. As fractional doctors, who are fascinated with the surgical portion of the work, they neglect the study of the *materia medica* and of its proper application to the cure of the sick, and seldom make up the deficiency in after life. And, naturally enough, their views of theory and practice within this orbit are narrow and one-sided. It is quite impossible that such practitioners could have a correct idea of the subject in question, or give the best advice to a woman in need of treatment.

A wise and skilful adjustment of special means to special ends implies that we know how to balance our surgical with our medical resources in such a way as to give the patient the benefit of either or of both of them, as occasion may require. De Quincey defined the right of private judgment as "the right to talk nonsense if you like." Whoever has read our medical journals, or kept pace with the current talk among physicians concerning the relative merits of medicine and surgery in the treatment of the diseases of women will concede that this right of private judgment has been pretty freely exercised. But it cannot be doubted that those who have known the least about the question in a practical way have usually been the most voluble and vociferous. We, therefore, submit that it is about time the claim that internal remedies alone are capable of curing every disease with which this class of patients is afflicted, "if only they are properly chosen," should be so qualified as to accord with the results of a reliable clinical experience. And, by the same token the extraordinary assumption that, because the knife and the needle, with their modern safeguards, have accomplished such wonderful results, it is quite enough to know how to use them properly and skilfully is as far from being warranted by all the facts in the case.

In nothing is the physician more useful than in his ability to forecast the course and the inevitable outcome of serious diseases of any kind. The great merit of preventive medicine rests upon the ability of those who practice it to anticipate and to avert disaster from this source. Knowing and realizing what will surely follow if the case is let alone or trifled with; confident that, after a sufficient time has elapsed and a proper trial has been made of the milder measures, surgical help will sometimes be demanded; and satisfied that, when it is, or will inevitably be required before a cure can be effected, the earlier such recourse is had the better the result; it is most conservative and commendable in every way to act promptly.

Although an excessive tendency to this form of surgery has sometimes developed what has been styled "the abdominal instinct," it only affords another illustration of the abuse of what is good when it is properly applied and within reasonable bounds. For here, as in so many other cases, the excesses—not the exceptions—prove the rule, and we may judge somewhat of the merit of this form of treatment by the results of its having been misapplied and overdone.

Whether, in a given case, the chances of recovery lie within the



possibility of a surgical operation will depend upon circumstances that require a most careful consideration. And these qualifying conditions may be studied under several heads. Conceding, for example, that medical cases not unfrequently recover where an improper diagnosis, or even when no diagnosis has been made by the attending physician, we should bear in mind that such a result is less frequent in good surgical practice. Indeed, in doubtful cases, the exploratory puncture, or incision, must often determine the diagnosis, and the disclosure will help to decide if an operation is or is not expedient. It was the failure to apply this practical test, and the exclusive dependence upon therapeutical indications that permitted so many women to die of pelvic hæmatocele, with an incidental peritonitis, before the abdomen was opened for undeveloped extra-uterine pregnancy. The same exclusive reliance upon internal remedies and the proper regimen, and of late upon external antisepsis, has often been in the way of the prompt and radical cure of puerperal ovaritis and salpingitis, and even of rupture of the uterus with unavoidable hæmorrhage.

The conservative tenet which held that surgery begins where medicine ends is fast becoming as obsolete as some of the old rules that were issued against "meddlesome midwifery." The whole drift of anatomico-pathological research is toward the localization of disease in one or more of the bodily structures; and, in so far as they are local before they become general, they most naturally fall under some form of surgical treatment. Moreover, the very fact that with the lapse of time, and through some peculiar predisposition which is inherited or acquired, they tend to become general, suggests and emphasizes the necessity for prompt action in this regard.

Take a case of tuberculous peritonitis that is not secondary upon some other form of the disease. The abdominal section, the removal of the ascitic fluid and of the larger part of the deposit, where it has not been too disseminated, have certainly cured the disease. So also with tubal and ovarian tuberculosis. In the latter case, if we except the testicle, the lesion is located in organs that are more isolated than we can find it anywhere else in the human body, and if we operate early, other things equal, we give the patient the best possible chance of recovery. By putting an end to the menstrual flow, when that is a necessary result of the operation, we stop a drain that would only make her a more easy prey to the threatened disease, and interrupt a child-bearing process that otherwise tends to perpetuate it.

There is little doubt that the larger share of ovarian and other cystic tumors that are removed so safely and so satisfactorily from the abdomen in our day are tuberculous and not cancerous, unless they have finally become so through neglect. They represent the local expression of a disease which may not become general or alarming, certainly not incurable, until some months or years have elapsed since their first appearance. Even the common people are learning that the chance of recovery from an operation for their removal, and of getting rid of the trouble altogether, is greatly in favor of surgical intervention at as early a date as possible. And the lesson for the gynecologist is that in this class of cases surgery should often precede medicine in the order of their application. For not only would the case grow worse by delay in operating, and complications arise that could have been and should have been averted, but the time to fortify the vital resistance by internal and highly sanitary measures is after the possible source of infection, the real thorn in the flesh, has been taken away. This is the only way to prevent infection of the general system.

And if tuberculous growths can be removed before they have involved the lymphatics and the neighboring structures, why are we not justified in the early ablation of such as are cancerous, in the hope and with the reasonable expectation that they will not soon recur? They cannot be cured by medicine, and, if let alone, will surely go on to destroy the life of the patient. Where the organs involved are so isolated and so accessible, and where the means of confirming the diagnosis are so positive, in the early as well as in the later stages of the disease, there is no excuse for delay and tampering with topical applications and the so-called "specifics."

The statistics for extirpation of the uterus for malignant disease are improving with the improved technique for vaginal hysterectomy and with an earlier resort to the operation. And I have no doubt that before very long this expedient will be quite as justifiable, and perhaps even more successful than is the removal of the mammary gland for a similar cause. But it will always be a very serious operation, and in order to be radical must be made at an early date in the history of the disease. Fortunately the removal of the uterus for various causes is likely to work a revolution in our ideas of uterine pathology, not only as concerns other lesions of the internal generative apparatus, but especially of uterine carcinoma. The out-

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me of being able to examine these organs directly they have been taken from the living subject—for which the pathologist must thank the gynæcologist—will be that we shall soon be able to identify the same or kindred troubles in those who need our skill and care, and so to operate in season and more thoroughly. The secret of success is to make an early diagnosis.

But in determining whether surgical intervention is necessary, and if so, how soon it should be applied in some of these cases, one thing especially should be borne in mind, *viz.*: that the age and the increasing debility of these subjects predisposes them to a more rapid development of the morbid growth than if they were younger and more vigorous. The menopause and all that concerns it, and even the arrest of the catamenial function, which is incident to the clinical history of certain of these tumors, not only causes them to grow more rapidly but hastens the breaking down of their possible malignancy. In women who have passed forty-five or fifty years, almost any kind of abdominal tumor will develop with a rapidity that is in ratio with their age, and will all the sooner and more surely extend until it involves the general health and constitution. For this reason, which is based upon physiological and not upon fanciful grounds, the proper limitations of gynæcological surgery present a very important field of study and of practice. Manifestly this class of patients has no time to lose by experiment or by expectancy, and whatever is done for their relief should be done promptly and thoroughly, and with every possible precaution. In this way it has been my good fortune to rescue many women from imminent death and I feel like placing a very decided emphasis upon this portion of my paper.

That there are exceptional cases of neurotic disorder in women which the existing cause is a diseased ovary, or ovaries, there can be no question. That in many of these cases the lesion is traumatic is equally certain, I think. That the nervous involvement may become epileptiform, or epileptic, is an assured fact, and the ablation of the offending organ, or organs, will sometimes cure the disease is not without verification. But this does not prove the hystero-neuroses to which young and middle-aged women are liable render them fit subjects for oöphorectomy. Indeed, to resort to this operation for the relief of intractable

conditions has proved a failure, and for the very good reason that it could not cure the case if the focal point of mischief was elsewhere than in the ovary and tubes. If the nervous symptoms could be traced to a scirrhotic ovary, to an enlarged ovary that was incarcerated within the folds of the broad ligament, or bound down by fibrous bands from an old peritonitis, or if it had been badly injured by a fall, or by a direct blow, as from a kick of a horse in the inguinal region, and there was a distinct monthly or menstrual return or aggravation of the disease, the Battey-Tait operation would be more promising of a good result. But it must be one of oöphoro-epilepsy and not of congenital epilepsy, or of epileptoid conditions arising from other causes, or we cannot promise to cure it by any of the resources of peritoneal surgery.

It is possible, however, that the abdominal section may ultimately become serviceable in a wider range of cases of epilepsy and of epileptiform eclampsia than it is at present. In cerebral surgery, since Broca first employed it for a local lesion of the brain, trephining has been extended from cases of traumatic to those of Jacksonian epilepsy with very encouraging results. And, just as has happened with the gynecologist, some of the cases have been very much benefited by the opening of the cavity even where the lesion itself could not be found.\*

Nor should the twin fact, that extirpation of the ovaries will neither cure nymphomania nor destroy the sexual appetite in women, be forgotten. Highly erotic conditions and hysterical states that either spring from them or are modified by them will not be cured, or even controlled by castration. In one of my vaginal hysterectomies, where the uterus was removed for an interstitial sarcoma three years ago, the same exaggerated sexual instinct remains and torments the poor woman as it did before the operation.

In all neurotic cases where it is a question if the uterine appendages should not be excised, it is a good practice first to determine whether the local cause of mischief is not seated elsewhere as, for example, in the bladder, the rectum, the brain, on the spinal cord. I have several times submitted such patients to my colleague, Prof.

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\* Terrier has recently collected 21 cases of trephining for Jacksonian epilepsy of which 12 were cured, 6 relieved, and 3 not benefited by the operation, and Dr. Lucas-Championnière reports 6 cases with the best results.

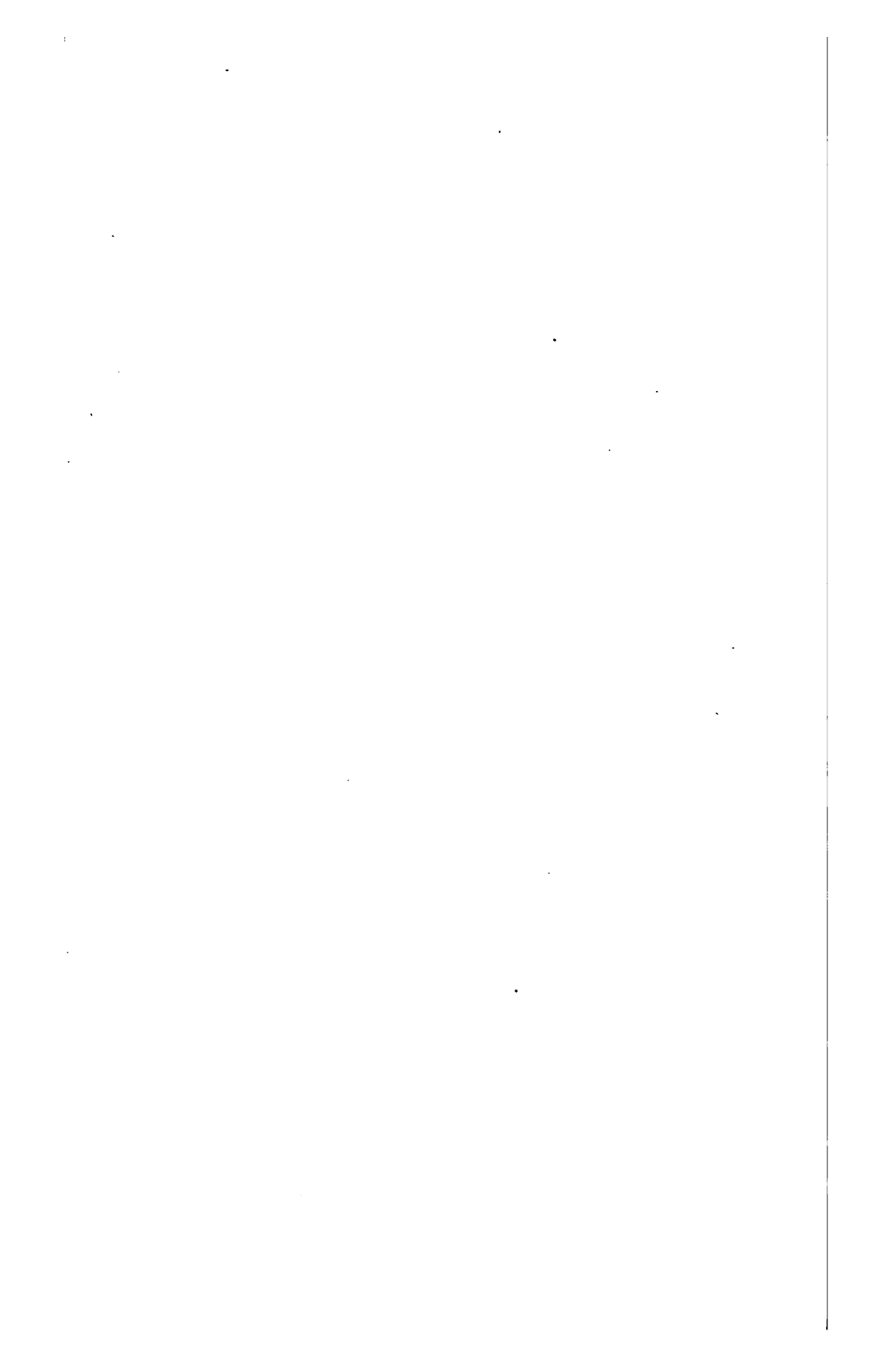
Fellows, for his opinion as an expert, that I might know if the seat of trouble was not in the sympathetic or the cerebro-spinal system, and his advice has been an excellent safeguard both for my patients and myself. I am firmly of opinion that, in some long-standing cases of dysmenorrhœa with bad mental and nervous wreckage, the trouble may have begun within the pelvis but has finally become more general so as seriously to involve the nerve-centres, although secondarily and indirectly. Such cases might perhaps have yielded to an early operation, but by the time that we are consulted it is too late. That the "gynæcologists will never empty the lunatic asylums" is true for this reason, and not because they would be powerless against certain forms of sexual insanity if they were permitted to treat them in their incipency.

Concerning the treatment of those intra-pelvic and abdominal adhesions which are the product of peritoneal inflammation and exudation, especially when they are accompanied by suppuration, the principles of surgery make the way very plain, and too much time should not be spent in waiting for remedies to complete the cure. The liberation of the organs that are bound in unnatural positions at the risk of functional disability and even of organic disease in them, to say nothing of the chronic ill health and prolonged suffering of the patient, is certainly called for in some of these cases. And since there is no valid evidence that internal remedies alone are capable of radical results in this particular; since this kind of mischief is relapsing in its nature and is disposed to grow worse instead of better as time goes on; and since abdominal exploration with the proper resources of peritoneal surgery is safe in safe hands, we can see no reason why it should not be practiced. But we can see why such a result should not be decided upon without a due regard for all the circumstances of the case, nor as a rule until other means have been faithfully tried and have failed. .

What the newer methods of treatment by electricity and massage may yet be able to accomplish as auxiliary to medicine and as substitutes for a more decided operative intervention in these cases remains to be seen. That some of the slighter forms of this lesion do yield to them, and that this department of uterine therapeutics is very promising there can be no doubt. We shall all be delighted to know more about its range and its clinical results in the near future. But, given a case of pelvic suppuration that is relapsing in

character and which corresponds to what used to be styled pelvic cellulitis with abscess, a condition that depends upon some form of salpingitis, I do not see why it is not as operable, with proper precautions, as an ovarian cyst or a uterine fibroid, tumors of the mesentery or the vegetations of the peritonæum which Péan has described so clearly and delivered so successfully.

These and other considerations that might be adduced will serve to show what has already been done, and what remains to be accomplished in the advance from medical to surgical gynæcology. Or rather, perhaps, they put the proper emphasis on distinct and contrasted resources. They teach us to combine the two when necessary, or, if best, to use them separately, but without confusing their special indications. In cases in which medicine alone is hopelessly inadequate to the cure, and when in the nature of things we know (if we know anything) that it must finally prove itself so, they suggest an early and prompt recourse to more radical measures. They tell us when delay is dangerous, and when the employment of internal remedies may more reasonably and skilfully follow, than precede, the use of the knife and its accessories; when certain semi-surgical means may be trusted, and when, after all that we may hope and promise, a fatal result is inevitable.



ESSAYS  
ON  
OPHTHALMOLOGY, OTOLOGY AND  
LARYNGOLOGY.  
WITH  
DISCUSSIONS.





*SIMILIA IN DISEASES OF THE EYE, EAR, NOSE  
AND THROAT.*

BY DANIEL A. MACLACHLAN, M.D., ANN ARBOR, MICH.

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THE results achieved in the study of abnormal conditions of the eye, ear, nose and throat, during the last two decades, have been truly marvellous. The diagnosis, and mechanical and surgical treatment of these affections have reached such perfection that therapeutical treatment is in great danger of being lost sight of, and specialists have been led to question whether *similia* affords any real advantage over modern *empirical* methods. This, together with a firm belief in the efficacy of homœopathic therapeutics when intelligently applied, prompts the writer to offer a few thoughts for the consideration of the Congress.

Were all these disorders distinct local conditions, they might perhaps be safely relegated to the domain of surgery; but very often they are merely the local expression of a general systemic derangement. As such, the chief means of cure must be sought for in *general therapeutic* measures, surgery being only an *aid*. If then, at such times, we are to rely upon internal medication, the question arises as to what kind of therapeutics will serve us best. We unhesitatingly answer homœopathic therapeutics.

In following up this assertion, however, it is desirable that we all agree upon one conception of what comprises homœopathic therapeutics. To my mind it consists in *the application of any remedy according to the law of similars*. In other words, the pathogenetic effects of the remedy to be applied, should correspond to the pathological effects of the disease-producing element. Hence, it follows that a drug capable of curing according to the homœopathic law, must be capable of producing pathogenetic symptoms—if it has not a recognizable *dynamic* action upon the healthy human body, its use in disease must be *empirical*.

A moment's reflection will show us that a vast number of so-called

homœopathic cures recorded in our literature are not homœopathic at all, as the remedies have been prescribed upon a *posteriori* grounds. For the sake of scientific precision, therefore, it is imperative that we possess clearly defined ideas of homœopathic therapeutics, and credit to *similia* only those cures which legitimately belong to it. With this conception of homœopathic therapeutics, we are now prepared to inquire how and to what extent *similia* can be employed in the treatment of eye, ear, nose and throat diseases.

We have in our *materia medica pura* three classes of drugs, in relation to the special disorders under consideration: 1. Those having in their pathogenesis only important general symptoms; 2. Those having important general and local symptoms as well; 3. Those having only important local symptoms. The query naturally suggests itself, which of these shall we employ? Shall we insist that only those drugs which produce symptoms in the eye, ear, nose, or throat shall be used in the treatment of affections of these parts? Certainly not. From the fact before mentioned, that these disorders are frequently merely the local expressions of a general systemic derangement, it seems manifest that the remedy likely to cure may correspond only to the general symptoms of the disease. Again, an affection may be purely local, as in traumatism, and a remedy belonging to class 3 may be most likely to be curative.

Hence, the conclusion is reached that, after all, the desideratum is what is so aptly expressed by the phrase, "the totality of the symptoms." This, together with our conception of the law of similars, leads me to incline very strongly to the opinion that, the subjective symptoms are by far the most important guide in the selection of the curative remedy. We may infer a great deal from an objective symptom, but usually it will be found that there are subjective symptoms back of it, and that these furnish the only reliable means of selecting the true *similimum*.

Having agreed upon what *similia* is, and upon *how* it is to be applied, we will now consider to *what extent* it may be employed in the treatment of eye, ear, nose and throat affections. No one knows so well as the specialist how impossible it is, in the present state of our *materia medica*, to treat these affections solely by *similia*. Reliance upon internal medication alone would prove disastrous to our patients in a vast number of instances, because of the plain but deplorable fact that our *materia medica pura*, and our knowledge of how to apply it, are both very imperfect.

It is not necessary to do more than refer to the important place which *surgery* now holds, and which it will ever hold, in the relief of these disorders. In our day, the special surgical field is well defined, and yet the conscientious homœopath must frequently hesitate before deciding upon the radical measures so invariably adopted by our old-school confreres. In many instances, however, his judgment of results and his duty to his patients leave him only the choice of operation. Who, for instance, knowing the relentless character of the disease, and the impotency of our present therapeutics, would deny a patient the benefit of an iridectomy in glaucoma; or the Politzer bag in some intractable middle ear disease; or the electro-cautery knife or snare in some far-reaching nasal disorders? No one, we think, who has a proper regard for his patient's welfare, or a proper sense of his responsibility as a physician.

A great deal of what my friend and colleague, Dr. Mack, would call "*useful treatment*," is constantly practiced by specialists in the way of topical applications. Specialists more often resort to these than do general practitioners, for the reason that they are more often called upon to treat local affections. I, for one, have no apology to offer for using such measures, for their efficiency has been demonstrated too frequently and too unmistakably to permit me to do otherwise. The use of atropine in iritis, of eserine in glaucoma, of boracic acid in otorrhœa, and of cleansing and disinfecting sprays in rhinitis, are familiar examples of this form of treatment. However ardently we may wish to do so, it will be many years before we will be justified in relinquishing what we call "*useful treatment*," in contradistinction to "*curative treatment*," by which we mean the restoration of health by the direct dynamic effects of drugs.

It is quite true, as has been so often urged, that so long as we combine "*useful treatment*" with the administration of the curative remedy—the true *similimum*—we can never tell when the relief has been due to *similia*. No more can we tell, when we prescribe remedies which we are accustomed to consider homœopathic merely because cures are supposed to have resulted from their administration. The habit of giving remedies upon so-called *clinical indications*, for instance, is purely empirical, although we may assume that the relief was according to the law of similars.

Of a similar character is the use of a drug because it is a general *antidote*; or because it is said to correspond to certain *types or tem-*

*peraments.* Aurum or Nitric acid for syphilitic iritis "following the abuse of Mercury," and Calcareo carb. in the "characteristic scrofulous diathesis," are well-known examples of the foregoing methods. The question, too, might very properly be raised as to the homœopathicity of Silicea, Natrum mur., Carbo veg. and other *substances inert in the crude state.* To these some would add all those drugs which have been *proved only in a high potency.* In short, if we examine our materia medica critically, we find that a great mass of symptoms or indications for the use of the various drugs are simply the accumulated results of observation and experience at best, while many more are only the results of imagination or inference. Nevertheless, most of us, and particularly those who incline to high-potencies, prescribe these remedies daily, with never a doubt as to their homœopathicity. This is mere assumption, however, and, strictly speaking, no one has any right to claim homœopathicity for a prescription based only upon *a posteriori* evidence.

I am not making a plea for a specialist's license or anything of the sort, but am merely trying to show how difficult it is with our present materia medica pura for the specialist or any one else to apply homœopathically very many remedies included in our Pharmacopœia. Having mentioned several methods commonly practiced, which are non-homœopathic, it may seem, at first sight, that there is very little left that we may term truly homœopathic. We find, however, that there is in our materia medica a goodly list of drugs which produce unmodified dynamic effects upon the healthy human body, and which, therefore, may be applied according to *similia.* Aconite, Agaricus, Allium cepa, Amyl, Apis, Arum, Aurum, Arsenicum, Cannabis ind., Causticum, Cimicifuga, Conium, Euphrasia, Gelsemium, Hepar, Ignatia, Iodine, Jaborandi, Mercurius, Nux, Phosphorus, Physostigma, Pulsatilla, Rhus tox., Ruta, Spigelia, Veratrum, Zincum, etc., are among the well-known drugs of this class.

There are three ways by which we may perfect our materia medica pura in relation to our specialties: 1. By proving new drugs. 2. By adding to the records of former provings. 3. By eliminating errors from the records of former provings. I am aware that this would be an Herculean task. Nevertheless, it must be undertaken if it is ever to be accomplished. Hahnemann and his contemporaries undertook it. Are we less enthusiastic, less intelligent, or less per-

severing than they? Possessed as we are with the results of past study, observation and experience, with collateral sciences nearly approaching perfection, with great laboratories at our command, with the purposes and efforts of the scientific world concentrated by great organizations such as this, what may we not undertake and perform?

It has been claimed for homœopathy that it enables *prevision*. I believe this is true, and this is the exact point at which we must arrive ere we can safely assert that *similia* is superior to the *empirical* methods of our old-school brethren. Hahnemann was able to say, before he had seen a patient suffering from cholera, that Camphor was a *similimum* for it, and later history confirms his prevision. Until we aim to reach the ideal, and prescribe only upon a *priori* evidence—the unmodified dynamic effects of drugs upon the healthy body—we cannot hope to exercise like prevision, or to realize fully the certain and benign effects of *similia* in special diseases (the latter statement must apply to general diseases as well). When we do reach the ideal, and can confirm our prevision by more or less prompt cure, we will be in position to verify our assumption that *similia* excels or supersedes all other methods of practice, and be ready to dispense with “useful treatment” in all cases amenable to therapeutics.

Twenty years ago there was very little indisputable evidence of the applicability of *similia* to the affections under consideration. There was very little, if anything, to prove that it was not inferior to *empirical* methods. Up to this time it was broadly affirmed by numerous homœopaths, that these disorders were cured homœopathically, but doubt was thrown upon these statements by the opponents of homœopathy, who asserted that there were mistakes in diagnosis, etc. However, this can no longer be said, for it is now generally admitted that we have in our ranks as skilful diagnosticians and surgeons as can be found in the so-called regular school.

In this connection I cannot refrain from paying tribute to the memory of that ardent homœopath, that indefatigable worker, that reliable observer, that skilful surgeon, that true scientist, the late Dr. George S. Norton. His death seems an almost irreparable loss to homœopathy, but he has left us a priceless legacy in his *Ophthalmic Therapeutics* and the record of his twenty years' clinical study and experience in the Ophthalmic Hospital. I believe that he and his colleagues have clearly demonstrated the superiority of *similia*

in the special diseases, in spite of the fact that they had to begin at the very foundation of their structure. Notwithstanding the great loss we have all sustained in his death, the work so well begun will still be carried on by his former associates, aided by the various specialists throughout the country, until the goal is finally reached.

Medicine is an *art* based upon subsidiary sciences, and it is difficult to see how we are to attain to perfection in its practice without a perfect *materia medica pura*. Anatomy, chemistry, histology and physiology are more or less exact sciences—why may not our knowledge of unmodified dynamic drug-effects be made equally exact? To this end it should be the aim and purpose of every homœopathic specialist to determine the exact place which *similia* now holds in our therapeutics and that which it may hereafter hold. While we cannot at once relinquish the various kinds of “useful treatment” which have perforce become a part of our art, we can intelligently investigate and record results accomplished by *similia* alone. We can, at least, distinguish between *empiricism* and *homœopathy* and thus slowly, it may be, but surely, bring order and definiteness out of chaos and uncertainty.

The writer has long felt that great benefit would come from associating with the able and distinguished gentlemen who now compose the Committee on Provings, one or more representatives of the various specialties which characterize the practice of medicine at the present time. It is scarcely to be presumed that any one man can be expert in all lines of medical study and practice, and it seems reasonable to suppose that experts in anatomy, chemistry, histology, physiology and psychology, who are thus eminently fitted to make “provings,” would be greatly aided by experts in ætiology, pathology, diagnosis, prognosis and treatment in distinguishing unmodified dynamic drug-effects, which alone can go to make up a reliable *materia medica pura*. The former would be thoroughly versed in the *science*, the latter in the *art* of medicine, and together they could scarcely fail to produce the most perfect and potent weapon for defence and warfare against disease. No one will deny that the crying need of to-day is the prevention and elimination of errors from our *materia medica*, and to the writer there seems no more feasible or efficient plan than the one just mentioned.

## DISCUSSION.

A. B. NORTON, M.D. : In the paper that we have just listened to, there is much for approval and little for criticism. However, there are two points that I wish to refer to.

First, the statement that the doctor makes in which he says that subjective symptoms are by far the most reliable guide in the selection of the remedy. I must disagree with that in so far as it applies to the eye. In the eye we can *see* many symptoms calling for drugs. Take our materia medica; there are scores of drugs that give one general symptom, "dimness of vision." Now, of what practical value is that symptom to the oculist who knows that there are scores of different diseases that have that symptom (which may be due to any one of a dozen different causes of dim vision); then how can we distinguish in any given case which drug causing the subjective symptom of dimness of vision, is the similia to the case in hand? If the proving carefully made under the examination of a competent oculist showed the objective symptom of haziness of the cornea, lens, or humors of the eye, or a congestion of the retina, nerve, etc., then the associated subjective symptom of dimness of vision would have some positive value. Take incipient cataracts, which cause dimness of vision; in this disease, there is a haziness or opacity of the lens which I believe can be caused by drugs, because remedies can certainly stop the progress of cataract, which if left to itself always progresses to blindness. I can show records of cases under observation for ten or fifteen years, in which the haziness of the lens has not increased during that time; and the vision as good to-day as it was fifteen years ago. We know that cataract is a condition of opacity of the crystalline lens which progresses steadily. Our old-school friends always say that nothing can be done,—let the cataract ripen and then be operated. How much better it is and more scientific to prevent blindness and subsequent operation by the use of homœopathic remedies.

Now, I contend that we can stop the progress of cataract,—perhaps we cannot take it away, but we can at least stop the progress of it when not too far advanced and preserve the vision where it is. Causticum is a remedy that has proven of the utmost value in my hands in accomplishing what I have just claimed can be done. And I believe that Causticum would cause a haziness of the lens, if the proving could be carried far enough and watched. Therefore, I claim that the objective symptoms, so far as the eye is concerned, are more scientific and are of more value than the subjective ones. Of course the two are associated.

In regard to one of the last statements made by the doctor as to the importance of specialists upon the committee of provers; I cannot impress this too strongly upon the minds of this Congress and other bodies like it. It is a most important factor for our own good



to have specialists upon all such committees. When a student of medicine I made a proving of Duboisine. My eyes were examined by competent specialists, both before and during the proving of the drug. After taking it for a short time the oculist told me that I must stop the drug, for if I did not there would be a hæmorrhage into the interior of my eye, so great was the degree of retinal congestion caused by the drug. What could a general practitioner have done with a proving like that? The condition would have been noted as "dimness of vision." The prover's eyesight permanently injured if the drug was continued, and one valuable objective symptom, *retinal congestion*, lost. Just from this very circumstance that my eyes were examined by an oculist while taking the drug, we have now one of our very best remedies for preserving sight from irreparable loss. Very few examinations of the eyes have been made during the proving of drugs. The symptoms are, in the majority of cases, purely subjective. I think we should insist upon having examinations made by competent specialists in future provings. The doctor's suggestion to the Congress that specialists be added to the committee is a most excellent one.

*THE SURGERY OF THE NOSE AND NASO-PHARYNX.*

BY EDWARD B. HOOKER, M.D., HARTFORD, CONN.

It would be an easy matter to manufacture, from material gathered in text-book and journal, a paper on the surgery of the nose, displaying therein great learning and a comprehensive knowledge of what others have accomplished in this field. But I prefer to state simply what my own experience has taught me, relating honestly what I have done and what I have failed to do, and touching upon the opinions of others only incidentally.

Diseases of the nose and post-nasal cavity which require surgical measures for their relief, are almost wholly those in which nasal respiration is partially or completely prevented; in other words, conditions in which there is more or less stenosis of one or both nasal fossæ. This stoppage may be caused by

1. Deformities of the septum.
2. Hypertrophies of the turbinated bodies.
3. Tumors of the nose, both benign and malignant.
4. Growths upon the vault of the pharynx.

*Deformities of the Septum.*—The septum is the seat of a large portion of the obstruction from which the nose suffers. It is not only altered in shape and position, but is the seat of cartilaginous and bony growths, and it is surprising to note how large a portion of humanity suffers from some form or other of septal abnormality. There are four main forms of septal deformity. 1st. A simple bend or deflection of the septum, which remains of normal thickness. 2d. A bend of septum, rather angular in character generally, with a cartilaginous thickening on the convex side. Frequently, too, there is a thickening and projection on the concave side as well, from the lower portion of the concavity, thus filling up the space gained by the curve of the septum. 3d. Slanting or horizontal ridges or shelves on a septum which is in the main straight. 4th. Spurs and

wing-like projections from the septum. These various septal projections consist of thickened mucous membrane, cartilage, or bone, the majority of them being membrane and cartilage. They may stick out from the septum so little as to be of no obstruction to nasal respiration, or they may project across the fossa and press against the inferior or middle turbinated bones, partially or wholly closing the nose and rendering nasal respiration difficult or impossible. But whatever their position or structure, the stenosis of which they are the cause can be overcome only by their removal.

When the septum is simply bent or deflected, with little or no thickening, it may sometimes be pressed back into the vertical position, and held there by tampons until it becomes fixed in the new position. More commonly, it is necessary to make a horizontal or slanting incision through the septum, or to punch holes in it, before forcing it into the proper position; where it is held by tampons until healing has occurred. But it is by no means uncommon to find such deflection of the septum in connection with fossæ so narrow, that if it is forced into the median line the space on the former concave side becomes too contracted for proper respiration. Such cases are frequently encountered, and the only proper procedure is then to cut off the projecting convexity, just as if it were a cartilaginous thickening,—no matter whether the septum be perforated or not,—for a perforation of the septum, in the vast majority of instances, is rather beneficial than harmful. I wish to be correctly understood on this point. If sufficient space can be gained without going through the septum, so much the better, but if it be necessary to go through in order to secure proper nasal respiration, then perforate without hesitation. In many cases of contracted fossæ in which it is not advisable to straighten the septum, it is possible to cut off the projecting convexity without perforation by exercising great care in operating, cutting completely through the cartilage, but leaving intact the mucous membrane of the other side.

The instruments used for removing septal projections and growths are the nasal drill, saw, knife, and chisel. I have never used the drill, as I have yet to encounter the case which can be more successfully treated by it than by the saw and knife, with which all my work on the septum has been done. But I know that exceedingly good work has been done with the drill, and that it is preferred by many operators. With Bosworth's nasal saw, every variety of sep-

tal projection and growth can be quickly and effectively removed. The nasal cartilage knife is also most useful in operating upon the cartilaginous portion of the septum. In operating with saw or knife, it is an excellent plan to begin cutting at the bottom of the growth, and to work upwards, the blood falling to the floor of the nose, and thus leaving unobscured the tissues above which remain to be reached. Rapidity of operation is also an important consideration, for no matter how slight the operation, there is always sufficient hæmorrhage to obscure the field of vision and hinder the operator, unless he can work so rapidly as to finish the operation before the nose becomes flooded with blood. Accuracy in operating is promoted if the section to be removed be first mapped out by the aid of a slender, flexible sound, bent at its end to form a short, blunt hook. The hook should be slipped behind the projection, and the distance from the tip of the nose measured; then the hook being passed to the front of the same, the length of the projection is easily ascertained. This is not necessary when the growth is situated close to the anterior nares, but when it is placed one or two inches, or more, from the front, such measurement is of material assistance. But in spite of accuracy and rapidity, it very often happens that the flow of blood is so profuse that the nose has to be wiped out every few moments before the operation can be successfully completed. Progress in such cases is necessarily slow, but with perseverance an entirely satisfactory result can be obtained. While the hæmorrhage is always an inconvenience both to operator and patient, it is seldom so profuse or prolonged as to be dangerous, no matter how copious it may be at the time of operating. It usually substantially ceases in less than an hour, and thereafter exists only as a semi-watery oozing, which a wad of cotton in the anterior nares controls sufficiently to prevent the soiling of the face. It is rarely necessary to tampon the nose, but when this procedure is necessary in order to control the hæmorrhage, nothing is better than tampons of spunk soaked in Monsel's solution, which is non-irritating to the nasal membrane and the most powerful hæmostatic we can apply.

While on the subject of hæmorrhage, a word concerning chronic nose-bleed may not be out of place. In a very large proportion of cases the blood comes from a ruptured vessel in the septum, close to its anterior extremity, or within half an inch of it. Inspection discloses a minute, round perforation of the mucous membrane, from

which several minute, swollen bloodvessels spring, or if no such perforation exists, a cluster of these swollen capillaries is found nevertheless, whose thin and weakened coats give way upon the slightest provocation. I have not yet failed to permanently cure such cases, by touching the swollen vessels with the galvanic cautery, which obliterates them. It may be necessary to make several applications of the cautery, but the result is all that could be desired.

So far as I know, there is but one objection to operations upon the septum such as we have been considering, aside from the dread of anticipation felt by the patient, and the discomfort and occasional pain of the operation itself, which the strongest solution of Cocaine will not always subdue; yet, in most instances, if the operator be careful not to nick the skin in front with the edge of his saw, and refrain from forcibly punching the rear of the nose with its extremity, the patient feels no pain. The one objection is, that the mucous membrane is not always perfectly reproduced upon the denuded surface, and there is a tendency to dryness and formation of scabs at this point. This may, indeed, become a serious annoyance, but it is not to be compared to the discomfort of the former stoppage and may be wholly, or in large part, overcome, even in the worst cases, by persistent use of a vaseline spray, which keeps the surface moist and prevents the formation of crusts and scabs. And a general remark may here not be out of place, to the effect that sufferers from chronic nasal catarrh will experience less discomfort and annoyance if they will consider the care of the nose to be like that of the teeth, a part of the daily morning and evening toilet, the exact nature of that care depending, of course, upon the form of catarrh with which they are afflicted.

*Hypertrophies of the Turbinated Bodies.*—Hypertrophy of the membrane covering the inferior and middle turbinated bones is exceedingly common. The superior turbinated is but seldom affected, and may practically be omitted from consideration. In true hypertrophy there is more than a simple thickening and induration of the membrane, the tissue change having gone so far by increase of connective tissue that the spongy erectile substance is transformed into dense, firm membrane, which contracts but little when sprayed with strong solution of Cocaine, and upon which the pressure of a probe leaves but little impression. Such hypertrophies are not greatly reduced by ap-  
plications of boric, chromic, acetic, or nitric acid, nor

by the galvanic cautery. Amputation by some surgical procedure is necessary. The acids and cautery accomplish much in enlargements less dense and firm; especially is this so in the case of children, who are quite subject to nasal stenosis from turbinated hypertrophy, which is readily reduced by application of the fused crystals of chromic acid.

Hypertrophy of the turbinated bodies may occur at any point, but the rear extremities are particularly liable to be affected, and the hypertrophy is here apt to be most dense and unyielding.\* Hypertrophy of the anterior extremity of the middle turbinated is prone to assume a polypoid form of growth, and not infrequently small polypi are found springing from this hypertrophy.

The cold snare is the most effective instrument we possess for the removal of hypertrophies of the turbinated bodies, being capable of great good and little harm. I use Bosworth's snare almost exclusively, because of its adaptability to both rapid and slow work. No operations within the nose are more difficult than snaring. The hypertrophies to be removed are seldom (except at extreme rear) of a shape to be readily grasped and held by the wire, which either fails to encircle them, or else slips off when tightened. It often becomes necessary, therefore, to transfix the mass with a needle and then pass the wire over its point, in order to obtain a firm hold. And when this has been accomplished, it not infrequently happens that the needle is torn out sideways, leaving a ragged groove in the tissue, instead of cutting off a clean slice. But this is not necessarily an untoward event, for contraction occurs with the healing and the hypertrophy is somewhat reduced. In snaring the turbinated tissue, it is prudent to cut through it slowly, since it is permeated with bloodvessels and sinuses, some of them of considerable size, and a severe hæmorrhage is possible. When operating upon the anterior extremities of the turbinateds there is less danger, but upon the posterior, caution is necessary. These posterior hypertrophies deserve special mention, for they are of common occurrence, liable to be very large and difficult to snare. In color they vary from reddish white to purple, and are apt to assume a shape and surface not unlike a raspberry. When the wire has been successfully passed over one of them, and securely tightened, the further process of amputation should be very slow. I generally occupy from an hour and a half to two hours, tightening the snare every few minutes, and

have never met with a case of dangerous hæmorrhage after the operation, although quite profuse bleeding has occurred after the action of the Cocaine had entirely ceased, but never enough to call for interference.

In locating and defining hypertrophies, the flexible hook already described is of great service. An exact knowledge of the length of the fossa, upon which one is operating, is necessary, and by means of the hook this is obtained. In most adults the distance along the floor of the fossa, from the tip of the nose to the rear of the pharynx, on a level with the floor, is four inches. The distance from the tip to the rear end of the septum and inferior turbinated is two and three-fourth inches. By passing the hook slowly along the turbinated until the hypertrophy is reached, its distance from the tip of the nose is ascertained. The knowledge thus obtained greatly aids the operator in passing the wire over the mass to be removed, for, knowing its distance from the tip of the nose, he can tell when the loop is opposite the growth, and can then endeavor to encircle it with the wire. Post-rhinoscopic examination greatly assists just here, for the fossa is usually so obstructed that little can be seen from the front, so that by touch and posterior rhinoscopy the operator must be largely guided. Should he be careless or inaccurate, it is not impossible that the snare might be passed too far backwards and made to encircle the lips of the Eustachian orifice. Similarly serious damage might be done here if the platinum knife were pushed back too far, and the mouth of the tube seared by the galvanic cautery. But with a reasonably accurate knowledge of the parts and precision in operation, no accidents will be likely to occur.

*Tumors of the Nose.*—The most common nasal tumor is the polypus, mucous, and fibrous. As my experience with other varieties of tumor is limited, especially so with malignant growths, I shall touch upon the polypus alone. Nasal polypi are of very frequent occurrence and vary greatly in size, number, and shape. An individual may be afflicted with one only, which partially occludes the nose on one side, or there may be two or three, or both fossa may be packed so tightly with them, that not a particle of air can be forced through the nose in either direction. I have operated upon a number of cases in which the polypi were packed as solidly as sardines in a box. Again, the tumors may be pedunculated or sessile, and in the forms least amenable to treatment, the membrane

of a large portion of the fossa takes on a polypoid form of growth, the cavity being blocked by a mass of polypoid tissue, not clearly defined as to shape or attachment. In such cases the middle turbinated body is apt to be greatly enlarged, and to hang down like a true polypus, but have no pedunculation, being a thick mass of polypoid tissue filling a large part of the fossa. The more frequent attachments of polypi are the outer walls of the fossa and the middle turbinated bone, less frequently from the inferior turbinated and the septum. The cold wire snare is the best, and in fact, the only legitimate instrument with which to remove polypi. The great desideratum is to remove them with the least possible damage to surrounding tissue, for the tendency to reproduction is very great, not in my opinion, from the stump or root from which the tumor has been cut, but from neighboring tissue inclined to similar outgrowth. And everything which wounds or irritates the adjacent parts tends to excite them to polypus production. Therefore, I am opposed to forceps, which cannot fail to tear and lacerate, to galvanic cautery, either in form of white hot snare, or as an application to the stump after removal with the cold snare, since such treatment is liable to kindle up either immediate inflammatory action, or a later tendency to polypoid growth. And I believe there is danger that the new growth may assume a more serious form, the mucous reappearing as a fibrous tumor, and possibly even as a sarcomatous one. When there is but one polypus, or only a few, well separated, with distinctly defined attachments, it is usually not difficult to slip the wire loop over them one by one, and cut them off at the root. Little hæmorrhage follows in the mucous form, and the operation may be rapidly performed. In the fibrous variety it is wise, however, to cut through the pedicle slowly, to avoid possible hæmorrhage. When the polypi are present in large numbers, squeezed tightly together, their removal becomes difficult and their reproduction probable. Still, with patience they may even then be ultimately extirpated. The operator should not attempt too much at one sitting, and should be very careful not to lacerate surrounding tissue. The tumors most easily within reach may be removed first, and in a few days others, and so on, until all have been taken out. It is surprising how large a number a nose of not unusual size can contain; and the operator is often surprised to find tumors in exactly the situations from which he removed them a few days before,



growths higher in the fossa having descended into the places of those previously removed, after the pressure was taken off.

*Growths on the Vault of the Pharynx.*—The only growths of the post-nasal space to which I shall allude, are those springing from the vault, viz.: hypertrophy of the pharyngeal tonsil or adenoid vegetations. While the presence of hypertrophied tissue on the vault is largely an affair of childhood and adolescence,—being most common between the ages of five and fifteen,—I have not infrequently encountered it in persons of adult life, for although it exhibits a tendency to disappear at puberty, it nevertheless fails to do so in a small per cent. of cases. Adenoid vegetations, besides obstructing respiration, secrete an excessive quantity of mucus or muco-pus, cause a change in the quality of the voice, and in a large proportion of cases affect the hearing. The ear becomes involved because the pressure on the Eustachian orifices starts up a catarrhal or purulent otitis, or because the changes in the density of the air, on account of the obstruction to nasal respiration, causes the same thing. It is also quite possible that the hypertrophic mass may interfere with the free movements of the levator palati muscles, whose action is essential to proper traction of the tubes. The destruction or removal of these growths may be accomplished by galvanic cautery, forceps of various kinds, the cold snare, sharp curette, and the finger nail. I have used them all, and obtain the best results by using the instrument best adapted to the case to be treated. With adults, and children above ten or twelve years, I believe local anæsthesia and the cold snare will be most successful. In the case of younger children, general anæsthesia and Hooper's forceps, or the finger nail, have served me best. Both snare and curette may be used through mouth or nose.

And now a few words in conclusion upon nasal surgery in general. It is wise to be conservative on the question of operating. Not every septal irregularity should be cut off, nor every turbinated enlargement amputated; nor should adenoid tissue in the vault always be removed. Unless there is interference with function or actual disease exists, do not operate. Septums need not be exactly alike—they never are—and just because they are not perfectly smooth and straight, it is not necessary to operate. Neither should we attempt to shave off the turbinated bodies to a line, nor plane off the vault just because its surface is not perfectly even. But when

the necessity for operation really exists, as it does in so many, many cases, be it upon septum, turbinated body or vault, the proper surgical procedure thoroughly performed, will, in a vast majority of cases, bring about a result equally gratifying to both physician and patient. Seldom need there be failure to afford relief in cases of imperfect nasal respiration, and the transformation from a condition which necessitates mouth-breathing to one which permits free respiration through the channels intended by nature for that purpose, is a very great one. It is the difference between distress and comfort, aye, between disease and health, and its accomplishment is the splendid achievement of nasal surgery. But on the other hand there are some things which fail of achievement. One of the annoying accompaniments of chronic catarrh, is the accumulation of thickened secretions in the nose and post-nasal cavity, necessitating hawking and spitting in order to keep the passage clear. This unpleasant symptom often persistently remains after the stenosis has been entirely overcome, and requires other than surgical measures for its relief. Yet, in spite of everything that can be said in detraction, nasal surgery has won for itself a sure, yes, a brilliant position in the field of surgical treatment, and in conservative hands is achieving much for the relief of human suffering.

#### DISCUSSION.

W. A. DUNN, M.D.: While in Dr. Hooker's paper we have much to admire, there is something to criticise. This work within the nose, as you probably know, is very difficult and requires special skill. I am certain that no class of operations require more delicate manipulation and more continuous practice than those within the nose. To operate successfully one must have long practice and a delicate touch.

This paper has only covered a part of the many operations in use in this field, and some others I will now mention. In the first place it is desirable to operate upon the nose for two reasons: to prevent discharge, and to facilitate breathing, the latter the most important, but many times we find it necessary to operate in order to limit or prevent secretion.

One trouble that the Doctor did not speak of is malformation of the turbinated bones—I do not mean hypertrophy of the turbinated bodies. Sometimes we find the turbinated bodies filling the entire nasal space, especially so in children, and this can only be remedied by removing the turbinated bone in part or in toto. By doing this we remove the cause of the obstruction and of the discharge. It

may be necessary to operate upon both sides, but usually only upon one. This operation I have done frequently of late and with excellent results, especially in singers, of whom I see many. I find good results, especially in the intonation; it gives a sounding-board to the voice and aids in the sound production.

Another deformity that we sometimes see is a very arched condition of the hard palate; it projects so far up sometimes that it comes in contact with the turbinated body and interferes with breathing. The treatment consists in removing the turbinated bones, or, if not that, a part of the soft tissue.

Another condition is a universal hypertrophy of the nasal mucous membrane—the whole inside of the nose is thoroughly hypertrophied and thickened. This condition often requires several operations, and sometimes it is necessary to remove at one sitting a large hypertrophied mass of tissue from the septum, and at another, a part of the turbinated bone or body, and so on until the whole mass is removed. These operations require your best judgment.

Another condition that often requires an operation is a hypertrophy of the mucous membrane at the posterior end of the septum, which is one of the most frequent causes of post-nasal catarrh. I had a patient apply to me from Iowa. He had been told that he would have to have an operation performed for the removal of a growth back of the nose. The man complained chiefly of an immense mass in the back part of the nose, causing great irritation and trouble. Examining the post-nasal region I found a hypertrophy upon the posterior end of the septum not larger than the end of a pencil, and this was the offender. I removed this little mass with the electro-cautery and all the symptoms disappeared. The pressure upon the nerve tips had caused the irritation.

Another frequent condition is a dislocation of the cartilage to one side, usually the left. It is one of the causes of nasal stenosis and often there will be found a hypertrophy upon the opposite side. The operation is a difficult one, especially in children. The patient must have a nose large enough to admit the little finger, at least, for when the dislocated cartilage is cut loose from its new attachment the nose is at once filled with blood and then the operator must go by the sense of touch. If the little finger cannot be introduced the operation is quite impossible. This operation restores the nose to its proper contour and relieves the stenosis.

Another condition not often described or touched upon is fracture of the nasal bones. It is not uncommon—is really quite common. We should be just as careful to set the nose properly as an arm or limb, as a poorly reduced fracture of the nose is a disfigurement which lasts for life.

A young man, a patient of mine, was on a "toot" one night and fell down stairs at one of the theatres. It was one Sunday night,

and he appeared in my office with his whole nose over to one side, the fleshy part separated from the cartilages, and when spraying a small cut upon the top it was blown up like a balloon. After carefully restoring the nose to its normal shape, I made splints of jute and absorbent cotton, pushing them well up in the top of the nose, while below I placed larger splints. The result was excellent. This is an important thing and one very poorly understood by general practitioners.

GEO. C. McDERMOTT, M.D.: I simply want to add my testimony to the value of the galvano-cautery to the aurist and the oculist, as well as in nasal surgery. During the past two years I have done more good with the galvano-cautery in some chronic eye and ear cases than with anything else I had used in previous years. Give breathing space to your patients.

BUSHROD W. JAMES, M.D.: I think we shall all agree that it is absolutely essential to have specialists upon the Committee on Proving. I think there is need for the terms homœopathic surgery, homœopathic obstetrics, homœopathic ophthalmology, homœopathic gynæcology, etc., because you cannot separate any of these branches from homœopathy. Dr. Helmuth, in his work on surgery, has given the homœopathic remedies for each individual case independent of his descriptions of the surgical operations and procedures needed, and it is this that makes the specialty of surgery in our school an homœopathic one. So in all the other specialties; they differ from those of the old school in this, that they have the stamp of similia and the adapted remedy upon them, which the other school cannot give them and hence they are strictly to be considered as belonging in this respect to our school as I stated.

Now in proving remedies this feature of specialty proving, if I may so term it, should always be kept in mind in proving or re-proving any and all of our remedies, and all the data taken during the provings that will aid all our specialists in their line of prescribing should be obtained. The temperament and constitutional dyscrasia or idiosyncrasy of each prover should be likewise noted in the original notes of the provers. Hence the great need of having a specialist from each department on the committee or sub-committee that is conducting "provings" of remedies for our materia medica.

may be necessary one. This operation results, especially results, especially voice and aids.

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### POLLEN CATARRH—HAY FEVER.

PHILADELPHIA, PA.

...subject that might be international, I ...suit in that direction as well as one ...though hay fever has received a large ...of its sufferers too eloquently pleads the ...of the practical principles of ...and cure. While I may propose nothing ...something that experience has proved ...controversy.

...vary you with the recital of the many ...of aetiology, pathology, diagnosis, and ...I shall, however, take the liberty of ...points which are frequently allowed to ...those still open for discussion, and

...is rarely, if ever, attended by an elevation ...a "fever" and why the word "hay" ...condition so little affected by that article, ...were it not so difficult to alter old ...or tear off the bandage bound by tradition. ...then, while far from correct, is retained ...the laity and the past; by this time my icon- ...surmised.

...been proposed, but uniformity is impossible at ...writers retain "hay fever" as even the occa- ...will prove satisfactory. I shall not attempt ...shall I present any new title. It is my ...to revive the name given by that master investi- ...called the affection Pollen Catarrh. This is ...title which covers all, and is unassuming and ...will require time to make this the popular appel-

lation, let the term "hay fever" be affixed, but never prefixed to that of "pollen catarrh."

The cause of the affection is clearly indicated by this title. That other influences than pollen are at work none can doubt, else all who come in contact with these particles would suffer; but no one who has carefully read the master work of Dr. C. H. Blackley (*Hay Fever: Its Causes, Treatment, and Effective Prevention. Experimental Researches*. 2d Edition, 1880) can fail to believe that pollen is the one external exciting cause, while all others are mere adjuncts.

A few words may now be appropriate in respect to the factors that reside within the patient himself. Since comparatively few persons are victims of the affection, there must be some inherent peculiarity, either inherited or acquired, which acts as the predisposing element in precipitating the attack. This proclivity or idiosyncrasy, resides in the nose there is but little doubt; where else in the economy it has its counterpart I do not pretend to say, but this much is certain, that such a condition on the part of the nasal passage is an essential of periodical vaso-motor rhinitis. Two factors, then, pollen irritation and idiosyncrasy, are essential to the presence of the paroxysm, either of which being absent, the other must prove inoperative.

Most recent writers lay much stress upon the presence of a neurotic feature in every case, and although not thoroughly convinced, I am free to admit that in most patients, a nervous element is present, yet it is quite true that in others, it is apparently absent.

There are regions in which this affection, termed by the late Henry Ward Beecher "worse than the Inquisition," is unknown; there are others in which it is rare; at the same time it must be remembered that one pollen catarrh individual will be exempt from the least indication of a seizure, at the time and place in which others are suffering from the disease.

Thus it is evident that there are certain elements wanting in special locations, seasons and cases, which prove that the exciting cause is not identical for each person. This fact has led most writers to look for an entirely different, rather than a modified cause. Thus light, heat, smoke, ozone, fur, so-called common dust, etc., have been accused of such power, but their apparent potency vanishes under the gaze of such investigations as Blackley brought to bear, and had his observation been less searching, those that have followed

them would have proved sufficient to banish all doubt. We may grant that these various elements have the power to aggravate an attack instigated by pollen, but they should only be regarded as the little annoyances that augment the suffering produced by the one great excitant, pollen. It has also been proved that even among the sufferers, one person is much more sensitive to the action of pollen grains than another, and that certain flora prove very irritating to one, and practically harmless to another. To this fact, superficially regarded, is due the erroneous though common belief, that pollen is only one of the many causes of the affection.

In this connection, it will be well to refer to the influence of exercise on the paroxysms of pollen catarrh. As is well known, the more violent the exercise (nasal respiration obtaining) the greater the amount of air drawn through the nasal passages in a given time, and hence the greater number of pollen grains brought into contact with the sensitive membrane in an atmosphere equally laden with this material. As a result the attack is usually aggravated by exercise during the time of seizure, if in a pollen-laden atmosphere. This has led to the advice to keep as quiet as possible during such times. To judge by my own observation, however, such advice needs some modification, for I have frequently found that if systematically conducted, exercise generally lessens the severity of the paroxysm after one or two hours subsequent rest; and that, other things being apparently equal, in seasons in which systematic exercise was carried out before and during the time of attack, the seizures were of far less severity than during other years.

Pathologically, there is nearly always some visible alteration in the nasal fossae; that there is always some deviation from the normal, not always detectable, must be admitted. The visible alterations consist, as a rule, in a catarrhal change, turgescence, hypertrophy, septal deviation, and various tumors and infiltrations.

Symptomatically, I have nothing to add, other than that *most* articles upon the subject written by non-sufferers, are far too mild in their statements.

I take up the prognosis with feelings of decided satisfaction. In this I am greatly at variance with those writers, who in the vast majority of cases, look upon the disease as incurable; and also with those who consider palliation the summit of their ambition. My belief is more satisfactory, more encouraging and more agreeable.

While I do not think every case curable or even capable of permanent amelioration, I do feel that cure is a frequent occurrence, permanent palliation the rule, temporary relief the exception, and irremediable cases practically unknown. These, too, may be gained without subjecting the patient to weeks or months of practical banishment to some barren island, rocky cliff, or "a home on the rolling deep." While these changes are the easiest methods of relief, especially to the physician, they should not be looked upon as the only havens of rest. I do not wish to appear over sanguine or rash in my statement, with reference to these poor forlorn sufferers of summer: and lest there be any misunderstanding, I will say that this seeming Utopian idea will not be frequently realized by the direct treatment of the one paroxysmal season, but to attain its end must extend over at least fourteen months.

These hasty comments bring us to the foot of that steep rock, which, however, is becoming easy to ascend, owing to the indelible footprints left by those who have planted there the flags of victory.

#### TREATMENT.

For convenience of description this division of our subject naturally divides itself into three heads, as follows: 1, Hygienic and Preventive; 2, Local and Mechanical; 3, Constitutional, or Internal.

In connection with the first of these it is important to remember that what will act best in allaying catarrhal conditions and other nasal defects will be of great value here as well. These are proper medication, plenty of good fresh air at all times, and such exercise as is best suited to develop the respiratory and nervous functions. Thus, during warm weather systematic mild gymnastics, including bicycling, rowing, archery, horse-back riding, etc., and during the winter, fencing, sparring, gymnastics, billiards, etc., should be adopted. Violent exercise, and all prize contests followed by long rests, when over-heated, such as baseball and cricket, are to be carefully avoided. Under hygiene naturally belongs bathing, especially the daily sponge bath followed by vigorous friction of the surface of the neck and chest, with coarse towel, flesh-brush, or horse-hair gloves. The water used for such bathing should be cold if the patient react promptly to the subsequent friction, and it is better that it contain salt. Although of undoubted utility, nasal



respiration usually receives far less notice than its importance demands; it is even advised by some that the patient plug the nostrils with cotton and breathe through the mouth during the seizures, that the pollen may not enter the nasal passages, but be carried into the lower portions of the respiratory tract, where it will not occasion the aggravating nasal symptoms. This is bad advice, as such a procedure will often engender still worse conditions, either immediately in the dry throat, cough, pharyngitis, laryngitis, or asthma; or remotely in permanent nasal stenosis or a chronic catarrh of the respiratory tract below the naso-pharynx. Sleep and diet should be carefully regulated, especially preceding and during the dreaded season. Preventive treatment evidently forms a part of the grand chain of measures which looks not only to that which the goddess Hygeia dictates, but to that which will render inert the direct cause of the attack—pollen.

Local and mechanical treatment are of importance where it is possible to find a marked pathological alteration. As such deviations are of frequent occurrence in the subjects of pollen catarrh, the physician will have ample opportunity to display his tact in their destruction. Many teach the necessity of removing every trace of diseased tissue from the greatest hypertrophy to the minutest area of abnormally sensitive tissue. To this I can by no means subscribe. Even this bold treatment is not always followed by a cure, as the symptoms may return after the lapse of a few summers, and there is danger of its being followed by other and worse conditions. The amount of mechanical interference then, is a point which requires judgment and caution directed to the best interests of the future well being of the patient; it is a better plan to do too little rather than too much. This conservative idea is not that of fear but of discretion, "the better part of valor." All tumors should be removed according to the precepts of rhinal surgery. It is not always necessary to remove hypertrophic tissue, but if it impinge upon the opposite wall of the nasal fossa, particularly if the middle turbinated be implicated in such contact, there should be no hesitation in removing the pressure, but, as a rule, the total destruction of the hypertrophy is neither necessary nor prudent. I am opposed to the free destruction of the mucous covering of sensitive areas, as these tracts are often very extensive, and by following the whole course of this often temporarily hyperæsthetic tract, the ignus fatuus may lead us to

wholesale destruction of the mucous lining and part of the deeper tissues, with subsequent atrophic catarrh. For such a course we should deserve censure. If the turbinated tissue be chronically and greatly engorged or even quite constantly so during the pollen catarrh period, it is advisable to incise it with the galvano-cautery point. In this procedure the most prominent portion should be selected for the line of incision. If one treatment fail to relieve, the same incisive line should be scrupulously followed in all subsequent operations. It is necessary to use Cocaine freely before applying the cautery and to make the incision sufficiently deep to reach nearly or quite to the spongy bone; so that in the healing process the cicatricial contraction will attach the superficial tissues to the deeper structures, or "pin them down," as expressed by Bosworth.

In Chromic acid, the galvano-cautery has a strong ally, in that it is possible after absolute Cocaine collapse of the turgescient tissue covering the turbinateds, to pin these down by the use of a few crystals of the acid. Of the methods of removing the various growths and hypertrophies, I need say nothing as they are governed by the rules of their appropriate treatment.

We are now brought face to face with the question of local palliation. There is no doubt that Cocaine will rarely fail to promptly control the severity of the paroxysm, in a subject unaccustomed to the action of the drug, and that after a time it occasionally loses much of its primary influence. It is just this loss of control that makes the use of the drug a puzzle. It has been my habit to prescribe it and to let the patient spray it into the nose once a day, at the hour when the seizure seems to reach its climax. In this way the worst symptoms are obviated, and the patient does not feel the necessity for the frequent repetition that follows its habitual use; nor is he subjected to the subsequent increased engorgement and heightened secondary annoyances. Again, if used regularly for some time, it is often necessary to increase the strength of the solution or it will fail to relieve. At first it should be tried in a one per cent. solution, but if not sufficiently strong this may be substituted by a two, three, or four per cent. mixture; but I doubt the advisability of prescribing a stronger solution.

In many cases the use, two or three times a day, of one of the following sprays, will obviate the necessity of resorting to Cocaine; and as no constitutional symptoms arise, and no ill-effects follow,

they should be given a trial in cases of great irritation and obstruction. Naphthalin, five per cent. in fluid Cosmoline or Albolene; Menthol, three per cent. in one of these oils; or Chromic acid, one-half per cent. in water. These solutions may be used three or four times a day if necessary, and while they do not give the decided and prompt relief afforded by Cocaine, their continued use often results in diminution of the engorged tissue.

On account of the conjunctival irritation, many persons prefer to use colored glasses while out of doors; and some find it advisable to instil fluids, as later directed.

The internal curative treatment follows next. It is this, after all, upon which we must rely for the relief of all the symptoms which mechanics improve; and it is the only true cure for those cases in which the nasal lining is in an apparently normal condition. Nevertheless, all that will relieve without entailing subsequent injury or aggravation should be employed. In this branch of the subject, it is necessary to include prophylaxis and treatment of the case after the onset of the attack.

In this portion of the paper no repertorial efforts will be put forth, but an attempt will be made to give in a concise form those remedies and indications which have served the tests to which I have put them in some of the most trying cases of pollen catarrh. Some of the points have already been put on record (*Transactions Homœopathic Medical Society State of Pennsylvania*, 1886), but for these repetitions I shall crave indulgence, in my desire not to pass unnoticed anything of personal experience which may aid in alleviating the sufferings of the afflicted.

Empiric though it may be, I have found no remedy which acts prophylactically as does *Allium cepa*. In all cases which come to me just before their anticipated seizure, and who do not present decided symptoms of some other remedy, I begin with *Cepa* 30x or 200x once daily. This is continued until the appearance of the paroxysm, if it occur, when a remedy is selected, according to the most prominent symptoms. In many instances, however, the attack is so mild or so delayed that I do not think it well to change from the *Cepa*, which is then continued until the usual pollen catarrh period has passed. My chief indications for the use of the remedy are: immoderate sneezing, profuse, bland or excoriating watery flow from the nose and eyes; much itching of the nose, conjunctiva, and

naso-pharynx ; and nasal obstruction, headache, and disturbance of sleep and appetite. If in addition to these, there be dropping of fluid into the pharynx, slight hoarseness and laryngeal tickling and cough, I prescribe this remedy with much confidence. It is of special value if dust and the odor of onions aggravate. It has not only given great relief in numerous instances, but has cured three cases without the use of local measures or other remedies, only however, when given for two or three seasons, during the attack as well as for some weeks before.

*Rosa damascena*, 6x to 30x, often acts prophylactically and curatively for the spring form of the disease, namely, rose-cold. Later in the season I have never found it of much benefit, and it is not suitable for the asthmatic form of the affection.

Naphthalin is frequently preventive in its effects, but it is in its curative sphere that it stands second only to *Allium cepa*. In order to obtain good results, I have been obliged to use the remedy in the 2x or 3x trituration, as it seems almost inoperative in the higher preparations. One of its chief indications is a high degree of asthma. With Naphthalin there is more swelling of the conjunctiva (chemosis), more puffiness of the whole face than in *Allium cepa*, and the secretions are usually more excoriating. In most all in which the remedy is used internally, I order a spray of five to ten per cent. in fluid Cosmoline to be used in the nose several times a day. If the conjunctiva be much affected, the same solution should be instilled into the lachrymal sac, as occasion requires ; generally with the happiest results. If there be marked photophobia, the daily instillation of a one-half to one per cent. solution of Cocaine often assists materially, as will Boric acid, one per cent. ; Glycerin, pure or diluted ; or warm salt water.

*Arsenicum iodatum* stands next to the remedies noted, in order of usefulness. I have sometimes even belived it superior to Naphthalin, but its action is not so lasting, nor is its prophylactic effect so faithful. This remedy produces glandular enlargements, even to the follicles of the pharynx. The excoriating discharges, prostration, paleness of face, and burning and itching of all the affected mucous surfaces are important characteristics. Its use is most potent in the 3x and 4x trituration, but the doses should not be too frequently repeated, neither should the drug be given for prolonged periods, which is the exact reverse of the preceding remedies.

*Arsenicum album* is indicated in conditions similar to those calling for *Arsenicum iodatum*, but in which there is less prostration and less glandular involvement, but more asthma.

*Chininum arsenicosum* is a remedy of undoubted clinical value, but as yet, I can not strictly place its symptoms. So far, however, it has acted better in females, where there were associated menstrual irregularities, loss of appetite, nervousness, despondency, and tendency to insomnia. It is deserving of repeated trials, and judging by my limited use of it, must prove very efficient in pollen catarrh.

*Artemesia folia* bears an undoubtedly strong relationship to this affection as it occurs in the later months of the season, but clinical experience has not proved it to be very efficacious in my hands, although it did promptly relieve the asthma in two instances, but without giving marked relief to the collateral symptoms.

*Euphrasia* has served to lighten the attack by controlling the profuse excoriating lachrymation, swelling, and inflammation of the lid margins, together with burning and itching, not only causing the patient to wink frequently, but to rub the eyes.

*Gelsemium* often relieves the premonitory symptoms; chiefly the fulness in the frontal region, dryness in the nasal fossæ, and mild nasal obstruction. This remedy is rarely indicated, unless there be pain in the occipito-cervical region.

*Arum triphyllum* assists much when there is an acrid thin discharge, which excoriates the muco-cutaneous margins. In one case *Arum 12x* was the only remedy used and cured the case; as no marked pathological alteration existed, no local measures were employed.

*Sanguinaria nitrate*, by controlling the hypertrophic tissue in the naso-pharyngeal region, has prevented subsequent attacks.

*Calcareo phos.*, as advised by Dr. Robert T. Cooper, for adenoid vegetations, is of equal or even greater value in some instances, than the last-named remedy.

*Nux vomica* has repeatedly afforded marked relief to the nightly asthmatic attacks.

*Sabadilla*, *Kali hydr.*, *Aconite*, *Puls.*, *Natr. ars.*, and other remedies have proved efficient aids to cure. Where possible, cases should be individualized, but when this can not be done, we are not justified in withholding empirical prescriptions or mild adjuvants, in any case not promptly responding to the internal remedy alone.

## DISCUSSION.

J. MONTFORT SCHLEY, M.D.: Hay fever—*catarrhus æstivus*—is a disease apparently of modern times, and peculiarly prevalent in the eastern and northeastern States of this country. It is rare in the south. In Europe, it is seldom met with. With us, it seems to some extent hereditary, and certainly afflicts those of a nervous temperament more readily than the phlegmatic and healthy. I know of no thoroughly authenticated case occurring among the *negro* race, and it is the great exception to find it among the middle classes. It is also among this division of society that we find fewer functional nervous troubles.

If, therefore, we find it so largely predominant among our countrymen, there must be some endemic cause. We should, I think, discriminate between those so-called cases met during the winter and those in the summer.

For example, I know a gentleman who cannot enter a room or building where the odor of roses or peaches exists. He immediately commences to sneeze most violently until he gets away from the irritating causes. His trouble lasts all the year around. Such a condition has been classed by our best authorities, here and abroad, as hay fever, as he has consulted many about his affliction. I should incline to classify his malady with that of asthma produced by the fumes of *Ipecacuanha*. Trousseau could always induce in himself asthmatic attacks if he entered a drug store where any preparation of *Ipecac.* had been recently uncovered.

Hay fever (*catarrhus æstivus*) is always accompanied by intense congestion and great swelling of the Schneiderian membrane. This is one of its characteristics, if not its only one. Conjunctivitis, with lachrymation its second symptom, and asthmatic symptoms a probable third.

Its peculiar course, its regular time of commencing and finishing, the unhappy state of the sufferer during that time, I will not dwell on.

Its treatment and cure present more difficult problems. Its diagnosis is an easy matter generally. Old-school treatment is nearly negative, and I am afraid I must admit that our own school is only a little more successful. The experience of those who treat *many* such cases, and that of myself, with its good results, show that *surgical* treatment of the nose and throat offers, perhaps, the only safe, sure, and permanent method of *curing* such patients.

Deviated septums, hypertrophied mucous membranes of the nasal fossæ, must be removed, and *removed thoroughly*. Thickenings in the vault of the pharynx, hypertrophied Luschka's glands, elongated uvulas, must all receive careful attention.

It is my opinion, that the asthmatic conditions accompanying or following in the wake of an acute attack are due to the *nasal* condi-

tions—these may cause a reflex state, as has been pointed out by Türk and Voltolini, in polypi narium.

I would not discountenance the faithful trial of homœopathic remedies in conjunction with surgical treatment.

I have cured several cases by such treatment, and know of many more. These patients have been under observation for many years since the operations. Surgical interference can be undertaken at any time, even at the height of an acute attack.

The cautery and drill offer the quickest and best means for operating.

I would urge upon my listeners the necessity of thoroughly removing *sufficient* tissue when they do operate.

A. R. WRIGHT, M.D.: Not being a specialist, it is with much hesitation and distrust that I attempt to say anything upon such a comprehensive paper. I consider this disease one of the most difficult that we have to treat. In a practice of thirty-three years I have been led to distrust the hay fever and the pollen theories of its ætiology. When I find that persons of different ages have it at all seasons of the year, for I have seen it in the early spring before there could be any pollen in the atmosphere; and then considering the different kinds of subjects who have it, and the manner in which they are affected by it, I have been led more and more to doubt the popular idea of the cause of this trouble. The pollen theory is more plausible than the hay fever theory, only because it covers more ground by including the whole flowering season.

I am inclined to think that it is a neurotic disease and has its origin in the nervous system, the effect being produced upon the vaso-motor surface. I believe future pathologists will consider it as such.

The treatment, which has been very carefully gone over in the paper, as far as my experience is concerned, I can endorse. I want to speak of Chininum arsenicosum, as I have had better results with that than with any other remedy, especially if the attack has exhausted the patient.

We ought to be very grateful to the author of this paper for such a comprehensive treatise upon so difficult and knotty a subject.

J. C. MORGAN, M.D.: The first thing that I will call your attention to is the usual nomenclature that Dr. Ivins has followed. He speaks of the nitrate of Sanguinaria, and I wish that this form could be abolished as incorrect. It should be nitrate of Sanguinarina. In regard to the therapeutics, so far as my observation is concerned, I would allude to two remedies only, without wishing to belittle the important list which Dr. Ivins has given us. The two remedies which I would mention as of the greatest probable value in the ordinary practice of homœopathy, which is so frequently unavoidably empirical, especially with those who are hurried in their practice,

and who have to prescribe for a roomful of patients within a given time. Those two remedies are *Gelsemium* and *Arsenicum*. I have repeatedly found in the early part of the season, or a little later, the typical *Gelsemium* condition, viz., morning sneezing, afternoon languor and malaise, etc. Given in the 3x or 6x, every 3 to 4 hours, it does good work. Later, the profuse watery coryza, soreness of nostrils, cough, and stuffy breathing, refuse to yield to this drug, and the patient feels "all broken up." Now, give *Arsenicum*, 6x, three times a day, and you will commonly find a steady improvement.

R. C. ALLEN, M.D. : I would like to refer to one remedy not mentioned by Dr. Ivins, which has proven highly successful in my hands, and that is *Capsicum*.

H. C. ALLEN, M.D. : Dr. Ivins neglected to mention *Arum triphyllum*, which has, in addition to the coryza, lachrymation, etc., the sensation of a veil or cobweb over the eyes. Also, of *Sinapis nigra*, which is often more effective in the onset of the attack than *Allium cepa*. But to eradicate the constitutional predisposition to this affection, *Psorinum* or some other antipsoric remedy must be used.



*POINTS ON DIAGNOSIS OF MUSCULAR AND REFRACTIVE EYE TROUBLES.*

BY HAYES C. FRENCH, M.D., SAN FRANCISCO, CAL.

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*Optometers.*—There has been from the first an unaccountable prejudice on the part of oculists in general against optometers, probably growing largely out of the fact of their common adoption by opticians, and a desire to maintain at least an appearance of distinction between the two professions; but the time has passed when the live oculist can afford to lose the aid of so *important* an adjuvant for so *unimportant* a reason. After four years' daily acquaintance with one, it is more and more a wonder to us how we lived without it so long. There are many good optometers in use, and all are arranged on the same general plan, and the advantage of any form of optometer in which the lenses representing an ordinary trial case are so arranged that they may be revolved in rapid succession before the eye, are manifold:

1. Economy of time and patience.
2. Compactness, and protection of the lenses from soiling by the fingers, dust, etc.
3. Changes may be made so rapidly as almost, if not entirely, to foil the sly fox of accommodative spasm.
4. The revolving disc greatly facilitates that most important, and often the most difficult part of refractive work—the positive determination of the astigmatic meridian.
5. The patient does not forget the effect of one power before another is placed before the eye, as by the old method.

These are only a few of the advantages that could be named. The optometer is not recommended to supersede the ordinary trial case, but leaves to it the important function of confirming its rapid and masterly achievements, which we are glad to be able to testify, in all fixed refractive troubles, it does. The only caution we have been

compelled to observe in the use of our optometer, the "Johnson," is against its tendency to slightly over-correct in some cases.

The *prisoptometer* was invented by the late H. Culberston, M.D., of Zanesville, Ohio, and, like all bold departures from the beaten path, has met with great opposition, and much indefensible condemnation. The instrument is composed of two prisms of about one and one-half degrees each, the apices of which meet in the centre of an opening of three mm. in diameter, in a revolving metallic diaphragm. A single white circle on a black background presents the appearance of two images under the influence of the prism, and the instrument is placed at the proper distance to render the margins tangent when seen by the emmetropic eye. In myopia the circles will lap, and in hyperopia they will appear separated; and the glass that renders the circles exactly tangent, is the one required to correct the refractive error. By revolving the disc, astigmatic deviations are quickly discovered, and as quickly corrected by applying the cylinder that renders the revolving circles perfectly tangent in all meridians. Each upper quadrant of the instrument is divided into spaces of ten degrees, from 0 to 90, for determining the meridian of astigmatism. The author claims for it that it will detect 88.11 per cent. of myopia without the use of a mydriatic. If so, it is superior to any instrument we know of for determining these defects. We have found it by far the best single test for low degrees of either spherical or astigmatic ametropia, and especially in children, whose intelligent interest in the revolving balls can be easily maintained until the condition of the refraction is clearly determined. We have seldom seen its indications materially changed by the subsequent use of mydriatics, and would feel lost without this handy test with which we almost always begin examinations for refractive defects.

The *Skiascopic Disc*.—Few additions to the appliances for refractive study have met at once the same degree of commendation and virulent opposition as the claims of skiascopy. Like the ophthalmoscope, it requires too much practice and persistency to meet at once with universal favor. The skiascopic disc is indispensable to the most successful employment of skiascopy, either by the skilled operator or the beginner, and will be found of special value in the detection of malingerers, in the treatment of children and the feeble-minded, and as a confirmation or refutation of other methods, and will, we believe, when better understood, go far to remove the ne-

cessity of mydriatics. H. V. Wurdemann, M.D., of Milwaukee, is the inventor of the best skiascopic disc thus far given to the profession. The instrument consists of a round hard rubber disc, four mm. in thickness and about 30 cm. in diameter, in whose periphery are placed 12 plus and 12 minus lenses, from .25 to 8 d. of each class. The disc revolves on a pivot connected with a brass rod attached to the wall, or is mounted on a tripod, and can be raised or lowered to suit the height of the patient. By this means the glasses can be rapidly revolved before the eye, thus greatly facilitating and aiding the perfection of the operation. It should belong to the outfit of every ideal oculist.

*Graded Tenotomies.*—While a great admirer of Stevens, I can but think from my own experience in the operative correction of muscular anomalies, that he has done a vast amount of profitless cutting under the name of "graded tenotomies." I believe there are three mistakes into which we are likely to fall in this matter: one is, too great a dependence upon the exercise of the muscles for correction of faults of decided character; the worse one of indiscriminate cutting for all grades of deviation, and the delusion of trusting to the separation of a few of the central fibres of the stronger muscles in decided deviations. It is my firm belief that many of Dr. Stevens' cases would have been better and more safely relieved by proper exercise of the weaker muscle on the one hand; and that the pronounced cases of persistent deviation in which the votaries of exclusive calisthenics adhere to the delusive hope of cure by their method, can, on the other hand, be restored alone by an almost complete severance of the aggressive muscle from its bulbar attachment. We do not take this ground without careful study of all the methods and a good deal of experience, nor do we believe that the last word has been spoken upon any particular phase of this important subject. In any case, either of exophoria or esophoria, if over three degrees, in which after months of practice, during which the defective muscles have obtained phenomenal power, yet the original obliquity has remained unchanged, with no improvement in the functional disorder, we believe, not in tinkering tenotomies, but in an operation that will restore at once the equilibrium.

*THE STUDY OF OPHTHALMIC THERAPEUTICS.*

BY F. PARKE LEWIS, M.D., BUFFALO, N. Y.

It is not possible for any essential physiological function to be perverted without modifying other functions more or less directly related to it. It is not possible for any pathological condition to obtain in the human economy without more or less immediately disturbing that perfect equipoise of function which we regard as health.

In other words, the action of every structure must be physiological, in order that no single structure become diseased; and when it becomes apparent that special organs are performing imperfectly their allotted work, a comprehensive knowledge of that organ—unless its imperfections are the result of anatomical anomalies or traumatism—imperatively demands an investigation of all of the conditions governing the subject of inquiry.

These may seem to be platitudes, but specialties in medicine have so individualized and so excluded in study and treatment certain organs—and notably the eye and ear—that in old-school practice the therapia is included within the narrowest limits, and the specialist's armamentarium is confined almost wholly to topical and surgical expedients. The habits of study of the ophthalmologist lead him to look upon the eye as a thing apart, requiring focal correction if the refraction fail, and local or surgical interference if functional or organic lesions be manifested. The profound study that has been given to the eye as an optical instrument, the marvellous technical skill that has been developed by the accomplished special surgeons, has so shut it out from all general considerations, that the broader relations of the eye to the entire economy have been neglected; as a consequence, ophthalmology has become an almost distinct and exclusive branch of medical practice.

That the best results cannot follow the divorcement of integral parts of a single unit is self-evident—every physician may not be an

ophthalmologist, but, in its widest and most comprehensive sense, every ophthalmologist must be a physician.

In the study of ophthalmic therapeutics, I am immediately impressed with the fact that there are no ophthalmic therapeutics. That is to say, that, exclusive of the topical use of drugs, there are no medicines which affect the eye when administered *per orem* that do not also, and in some instances more profoundly, affect other organs and tissues. In a large proportion of cases, pathological conditions of the eye—so profound as to threaten vision—are but local expressions of constitutional disorders or dyscrasie, and their intelligent treatment necessarily implies a correction of the conditions upon which they are primarily dependent. This is obviously true in syphilis and scrofula. It is no less certainly true in the asthenia following acute disease, and in the spinal and cerebral disturbances in which the eye is coincidently or consecutively involved.

I shall not undertake, therefore, in this paper to indicate the remedies which have an especial affinity for the eye—since they are all accessible in our voluminous symptomatologies—but rather to outline the plan of study concerning ophthalmic diseases, and their treatment which experience has shown me to produce the most satisfactory results.

In the first place, embryology may have a distinctive value in our study of tissues. It is as important to know that the skin and the mucous membrane have the same primordial starting-point as to know that each modifies the function of the other. It is well, therefore, to bear in mind that the remedies that we theoretically find to act upon the skin and mucous membrane are, in fact, those that act most effectively upon the conjunctiva and lens.

In diseases affecting the lids, both on the outside and at the ciliary margin, the condition is so unsightly and so easily reached locally, that the temptation is very great to rapidly effect its disappearance by means of some local stimulant ointment, without stopping to inquire whether the disturbance is a primary or a secondary one, and the result, as might be expected, is frequently disappointing.

An eczema, in which the lids are involved, is but a manifestation of a more general skin-disease, and its cause may be as difficult to discover. In any event, the cause must be sought for, and if possible removed.

I am satisfied that eczema capitis and eczema facialis cannot be

suppressed without disastrous consequences. The following is a case in point: Mrs. C——, who is now about twenty-five years old, has suffered since childhood with an eruption on the face involving the eyelids. The skin grows red, a slight scab forms on the cheeks and on being removed it leaves a burning surface below. She had tried almost all methods of treatment without the slightest benefit, and finally put herself under the care of a skilful dermatologist, who assured her that she could be relieved. She came to me at the same time for the annoying condition of the lids, which made her eyes feel and look weak. I told her that, in my judgment, the condition was not merely a local one; that it had a profound constitutional origin, and that it could be treated with prospects of permanent cure only by internal remedies which would modify the dyscrasia from which it arose; and, that its suppression would probably result in the involvement of deeper mucous tissues. She was so anxious to be relieved, however, that she determined to risk the consequences, and in the course of a few months the skin, under the use of zinc and other ointments, assumed a natural healthful tone.

Following the disappearance of the facial eruption, however, she became conscious of a difficulty in breathing. This increased, and after weeks of suffering she sent for an accomplished specialist in the throat and lungs. After examining the case carefully he decided that the condition was one of asthma with catarrhal congestion of the bronchial mucous membranes, and on hearing the history of the case very kindly suggested that as I was familiar with it, I should be consulted.

The case seemed typical of arsenic, which immediately afforded relief. Following this, however, the face and eyes were again affected by the old trouble, and only after a protracted treatment, consisting of arsenic, lycopodium, graphites and mezereum, was the skin gotten into a normal condition, and even then with occasional relapses, which will have to be met probably for months.

When no apparent diathesis exists, the stomach may be the origin of external ocular disturbances.

I recall a blepharitis which had existed for years and obstinately refused to get better, in a fair, but otherwise strong and robust girl. It was of a dry, scurfy nature, and left the edges of the lids red. It was finally elicited, after careful questioning, that there was also a fermentative condition of the stomach, with frequent gaseous eruc-

tations, which was almost as annoying as the trouble with the eyes. *Lycopodium* completely and rapidly cured both, and when, subsequently, like symptoms arose—and they were always coincident—the same remedy was invariably efficacious.

What I have said regarding the relation of the digestive functions to congestions of the mucous membrane and lids, is not exceptional; it is of common occurrence.

I have in mind a man in whom flushing of the eyeballs, with a sandy, weak feeling of the eyes, anticipated by a day the dyspeptic condition which is sure to follow. This leads me to the consideration of a matter of very great importance.

Dr. Richard Kalish, in an article read before the New York County Society (and published afterward in the *Medical Record*), on the treatment of cataract, directs attention to the fact that digestive difficulties are found very commonly in people having cataract, a fact which observation demonstrates to be true. I have already called attention to the embryological relation of the conjunctiva and the lens. That there may be an ætiological relation between disturbances of the stomach and hyperæmia or congestion of the lids and their mucous lining, has been shown. A like relation between the stomach and lens will also, I think, be demonstrated. It will, therefore, follow that the class of remedies that are of value in digestive troubles are not only useful in conjunctivitis and blepharitis, but may also affect directly the nutrition of the lens, and may stay the progress of incipient cataract, even if it be impossible to dissipate opacities already formed.

This is suggestive merely, and not comprehensive. Other conditions will probably demand consideration when the lens is involved, and it will be borne in mind that the entire economy, in its varied relations of organ to organ and tissue to tissue, must be studied when any one is involved.

The following case, therefore, while illustrative, in a measure, of the theory just outlined, will be understood to indicate some of the causes which together may result in lenticular opacity. Others will doubtless be found in special cases, but in none will it be safe to overlook the digestive and assimilative functions.

The case to which I refer, a woman then sixty-one years of age, came to me with an introductory note from her physician, my friend, Dr. Couch, of Fredonia. Her sight had been failing for three years,

but more rapidly during the past year, and she had suffered acutely from headaches, beginning at three or four o'clock in the morning. There was some conjunctival irritation, with a rough, sandy feeling in the eyes. A critical examination demonstrated opacities in both lenses, in the shape of striæ, with, in the left, a clouded area in the shape of a pterygium. She had hyperopic astigmatism, and the best correction that could be made with glasses gave her no greater vision than could be represented by the fraction  $\frac{1}{4}\frac{8}{8}$ . She had been assured by two skillful ophthalmologists that within a year the cataracts would be sufficiently mature to warrant operative interference. She was in rather poor health, having for a long time suffered from dyspepsia, with a long train of symptoms following.

The first consideration was the complete correction of her astigmatism, placing her accommodation in the most restful condition possible. She was then advised to place herself under Dr. Couch's care, in order that her imperfect digestion might be corrected, and consequently her strength and circulation improved. After three months she again reported, in every way better than when last seen, and her vision already notably increased. Without going into unnecessary details, let it suffice to say that during the following six years she was kept under frequent observation, and continued records of her vision preserved. In September, 1886, two years after her first visit, my records show: vision, right eye,  $\frac{1}{4}\frac{8}{8}$ ; in the left,  $\frac{1}{4}\frac{8}{8}$ , or almost perfect sight, some of the letters being read imperfectly. The nebulous haziness had wholly disappeared, although the striæ remained unchanged. During the last month she was ill and unable to visit Buffalo, and her glasses requiring attention, she had Dr. Blackham, a very 'careful and judicious ophthalmic specialist of Dunkirk, come to Fredonia to see her. He writes me as the result of his examination that he finds in the eyes of this woman, now sixty-eight years old, some small lenticular opacities, which he thinks will probably never seriously interfere with her vision. The benefit in this case was measurably due, no doubt, to the relief the glasses had given to her strained ciliary muscles, but no less to better nutrition of the lens, from an improved bodily condition; and the case is interesting as demonstrating the possibilities of intelligent treatment in seemingly incurable cases when a *laissez faire* policy must necessarily have verified the unfavorable prognosis already given.



In diseases of the cornea and sclera, whether phlyctenular or ulcerative, the same comprehensive study of the case must be made. Rarely are these conditions altogether local, and while cleanliness or other form of antiseptis may be helpful, nutrition and assimilation must be looked after, food must be correctly chosen, and profoundly acting constitutional remedies will often be essential.

In these cases, it frequently happens that the bony structure is soft, the teeth easily decay, and no remedy is more generally useful, or produces more prompt and satisfactory results, than Calcarea, although Mercury or Sulphur, Lycopodium or Silicia, or any one of a dozen other well-known and well-tried remedies may be needed. I recall an aggravated case of scrofulous ophthalmia, with superficial corneal abrasions and painfully congested conjunctiva, which had absolutely resisted all local measures for years, and which was completely cured within two or three months without other remedies being employed than Belladonna and Sulphur.

Probably the *bête noir* of most ophthalmologists is asthenopia.

While we all recognize the fact that most cases of difficult vision are dependent upon imperfect refraction, and can be readily corrected by suitable glasses; and others, in which tenotomy—graduated or complete—will give brilliant results, we still meet with a limited number of cases which tax our utmost ability, and in which even our best efforts often fail completely. In these most obstinate cases I believe the cause will frequently be found outside of the eye, and our ill success will be due to the fact that our efforts are wrongly directed.

I have already referred in Dr. Angell's text-book on *Diseases of the Eye*, to an interesting case that came under my notice, in which pressure on the back over the cilio-spinal centre caused dilatation of the pupils, contraction immediately following when the pressure was relaxed. The nervous connection between the spine and the eye is exceedingly intimate. I have in mind, as I write, the case of a delicate girl, in whom a low degree of hypermetropia causing much pain in the eyes, and which was not wholly relieved, although materially benefited, when suitable glasses were given her. She was sent, therefore, to a surgeon, who found such a serious pathological condition of the spine as to require artificial support. She is now wearing a plaster jacket.

Even in cases in which less pronounced morbid changes have oc-

curred, the eyes may still be affected sympathetically. The primary departure from health may be either in the sexual, the digestive, or the respiratory system, and the eyes be most prominently affected. Nasal hypertrophies are by no means an unfrequent cause of asthenopia, and yet when all our mechanical resources have been exhausted, our most brilliant results will often follow symptomatological prescribing based on the totality of symptoms.

The iris is not frequently involved, except as a rheumatic or syphilitic complication. No one, of course, attempts to treat plastic inflammation of its structure, whatever its origin, without a mydriatic, but the range of drugs that may be employed includes primarily and essentially, aconite. Bryonia is often useful, and spigelia has relieved the characteristic pain, and at the same time controlled the inflammation when apparently nothing else would. In the syphilitic form I have seen brilliant results follow nitric acid, and iodium and potassium iodide are often of unquestioned value. Mercury in small doses, *i.e.*, in low triturations (especially the iodides) is rarely of value, unless general indications, particularly of the digestive tract, point to its use. Indeed, I have sometimes thought that it stirred up dormant conditions, and that the recovery was made more tardy in consequence.

I would hesitate to speak of glaucoma as I propose to do, were it not that I am addressing skilled physicians who fully appreciate the insidious character of its approach, the danger of delaying the recognized operative treatment until pathological changes have occurred, and the necessity of an absolutely correct and early diagnosis.

There are, I believe, two reasons why so little definite progress has been made in the medicinal treatment of this disease. First, that it has been unrecognized and neglected by those not skilled in ophthalmology, while those fully apprehensive of its dangerous tendencies have urged and performed iridectomy *always* as early as possible, and have regarded internal treatment as futile.

That this is not true, and that suitable treatment may be efficacious in many cases, I am prepared to positively assert. I believe, furthermore, that the origin of the disease is rarely, if ever, in the eye, but that the increased tension is wholly nervous, and is largely the effect of involvement of the sympathetic. This is not the place for pathological discussion. The theory, which I believe can be substantiated, is more fully elaborated in a paper on a "Study of the Great Sym-

pathetic," which I read at a meeting of the Homœopathic Ophthalmological and Otological Society, and which appears in the *Transactions*. Briefly, it is: That an irritation proceeding from or involving other nervous structures, affects also the intra-ocular blood supply; that a paresis of the vaso-motor supply of the choroidal vessels occasions a form of serous choroiditis; that, so long as this continues, is the tension increased, and that eserine, pilocarpine, and other myotics tend to restore its normal tone, not alone by contracting the pupil and restoring the potency of the canal of Schlemm, thus permitting freer osmosis between the anterior and posterior chambers; but as well through its absorption by directly stimulating the nerve-supply and controlling the abnormal intra-ocular transudation. The only importance which this theory of the extra-ocular origin of glaucoma can have at this time is to demonstrate that by controlling the conditions from which it arises, the eye, if not pathologically changed, can be restored again to an absolutely normal condition, and the danger period safely passed.

It is at the menopause that glaucoma is most commonly found in women, and coincident with, or premonitory, to the ophthalmic manifestations it will be commonly found, if looked for, that other nervous phenomena are present.

In a woman at the climacteric, in whom the right eye had been lost by glaucoma, the fundus being wholly invisible, the remaining eye began to manifest premonitory symptoms. She would have attacks of insomnia, and after finally getting to sleep, would waken to find the right hand tightly clenched, with a numbness extending to the elbow, a feeling of pressure at the base of the brain, with numbness extending to the right side.

At such times the tension in the glaucomatous eye would be greatly increased, and was accompanied by twitching in the right lower lid. When the left eye began to be affected the same symptoms were manifested on both sides, though to a much less degree on the left. With improvement in the nervous symptoms, the tension in the left eye became normal and the right eye nearly so.

No operative measures were found necessary.

In another case now under treatment, a man sixty years of age, the left eye had almost no vision when first examined, the right  $\frac{1}{15}$ . A peculiar feature in this case is the fact that he has noticed, for several years, unilateral sweating on the left side of the head, fol-

lowing the least exertion, and the hair became gray on that side at the same time. On the right side the hair and mustache remained dark several years longer. In this case the local use of pilocarpine and suitable internal treatment, together with necessary rest, has restored normal vision in both eyes.

In another case, also a man, an atrocious itching of the scalp, chiefly on the right side and at night, without apparent cause, has annoyed him for several years. Both eyes are glaucomatous, the right with cupping of the disc, and such loss of sight, not improved by pilocarpine, that an iridectomy is advised. In another, an exceedingly nervous woman, of uncertain age, who has been under observation for several years, has absolute glaucoma on the right side, for which I made a sclerotomy without benefit. On the right side of the neck appeared zona, following the branches of the facial. With the advent of each pustule was increased the hardness of the eyeball, with much pain, which was measurably relieved after the neurosis had disappeared. In this particular case normal vision has been retained in the better eye by the aid of pilocarpine and carefully chosen remedies.

In another case, a woman, nervous twitching of the thumb on the right side preceded for several years by a right-sided glaucoma, and aggravated with each period of increased tension. It is not necessary, however, to multiply instances. I would summarize what I have said concerning glaucoma as follows:

First. That it is dangerous to allow this disease to progress under other than skilled observation.

Second. That it is exceedingly dangerous to delay surgical interference after definite pathological changes have obtained.

Third. That during the premonitory stage the disease is frequently entirely controllable by treatment which includes a correction of *all* the nervous phenomena.

The necessity of comprehensive study is shown more, perhaps, in the various forms of muscular paralysis than in any other of the diseases of the eye.

Double vision may be a form of muscular weakness, and due to imperfect refraction; it may be dependent upon local causes; it may be the manifestation of profound cerebral lesions.

I recall numerous cases of paresis of special nerves, which have been relieved under the influence of aconite, gelsemium, nux vomica

or electricity, and arising probably from rheumatism, exposure to cold or some other definite cause. Others, more especially paralysis of the accommodation, with enlarged pupil, for which no cause could be assigned, and which absolutely refused to be relieved, though no other evil effects followed.

One case came under my observation during the past year, in which an eye palsy anticipated for months a hæmorrhage in the brain, and in another the disturbance of the muscular relations of the eyes were the only indications of a brain tumor, of which more general symptoms appeared later.

I wish to say as a conclusion of this whole matter, therefore, that as the study of ophthalmology demands as a corollary the study of medicine in its entirety, so the study of ophthalmic therapeutics must be based upon the broad principles which underlie all successful medical practice; and only as this truism is practically applied by our skilled ophthalmologists, are the hidden virtues of our therapeutics to be verified and demonstrated.

#### DISCUSSION.

ALFRED WANSTALL, M.D.: I want to emphasize the utility of homœopathic remedies in diseases of the eye and ear and especially the little use we have for local remedies. I think the specialist is apt to overdo the matter. In a dispensary in which I have had years of practice I use nothing locally but Atropine excepting when treating gonorrhœal ophthalmia or ophthalmia neonatorum. If the case comes into your hands early enough, and if you institute measures of thorough cleanliness immediately, you will almost always keep the case within bounds. A friend of mine in Baltimore said that after he became a homœopathist, purulent ophthalmia of newborn children lost all its terrors for him. He says that he has never failed to see *Argentum nitricum*, 30, cure all his cases. I am sorry my experience does not agree with his.

I want to emphasize one point in regard to the practitioner in the treatment of diseases of the eye and ear. His lack of success does not depend so much upon his want of knowledge of what to do, as it does upon his not knowing how to do it. The most important thing is to know how to cleanse an eye. Take purulent ophthalmia again. I am called to see a case in consultation, and after a few days' treatment, perhaps enough improvement has resulted to enable me to say that it is not necessary for me to call again. I leave the case in charge of the attending family physician, and in a few days after they come for me, saying that the child is worse. I invariably find the secret lies in the inability of the doctor or nurse to keep the eye, or eyes, cleaned.

GEO. C. McDERMOTT, M.D.: Dr. Lewis said that every physician cannot be an ophthalmologist, but every ophthalmologist must be a physician. He is right. It is not *all* in your eye, gentlemen.

Had the Doctor's paper been read fully, the few remarks that I wish to make would not seem so much out of place. Let me state a case and then you will see my point. A brilliant young man had to leave school because of the most terrific neuralgia of the face, producing marked hyperæsthesia of the retina, with great photophobia and asthenopia. No treatment availed; no relief came. He had no sleep night or day for three weeks. The eyes were carefully examined with the ophthalmoscope and no disease fundus could be found. Coming to Cincinnati for treatment, an inspection of his teeth revealed the presence of gold and amalgam in juxtaposition, the cause of all his pain. The dentist's drill removed this battery and in three minutes he was relieved and slept for twenty-four hours afterwards. What remedy here would have brought relief unless the exciting cause had been discovered?

One word more, and that is a word of precaution. I am afraid Dr. Lewis has thrown out a dangerous point, in what he says about the treatment of glaucoma. Glaucoma, taking years for its development, and coming stealthily to a climax, I tell you, is a subtle thing, and the surgeon's knife is the only thing that will help us out. I have watched this disease for twenty years; it is the most dangerous affection of the eye. Glaucoma is so variable in its characteristics, so deceptive in its apparent yielding to remedies, when it oftentimes has not yielded to them at all, that I recommend the surgeon's knife as being almost the only thing that is *sure* in its work in this disease.

This is not disparaging our law of cure. If I were as certain of eternal life as I am that this law of cure is correct, I would then die happy. In regard to cutting down our symptomatology, do not curtail it, do not cut it down; no, expand it; it is the only beacon light that leads us on to victory.

HAYES C. FRENCH, M.D.: Forty years ago Oliver Wendell Holmes said that homœopathy consisted of sugar of milk and a nomenclature. During the past year I have had the felicity of having come under my care two cases from an allopathic physician of the Pacific coast, cases totally blind, and in each, enucleation had been advised as the only means of help. In one case the oculist had relieved the patient of \$1500 and then sent her to the County Hospital. With *Rhus toxicodendron*, from the 3x to the 6x for a few weeks, she was able to count fingers at eight feet, and after a few months could read print. Both eyes became useful by the adjustment of the proper glasses.

The other case was one in which the patient had been struck in the eye by a spent shot from a toy gun, producing total blindness

which went on for three weeks, during which time the surgeon in charge had said that the only help was in enucleation, in order to save the opposite eye. He went to Europe and his assistant enforced the same injunction upon her. She was brought to me by her father, and I gave her *Arnica* first, following it with *Rhus* and *Kali carbonicum*. Her injured eye is her better eye to-day.

A. B. NORTON, M.D.: I would like to refer to a case of glaucoma; a former patient of my brother, the late Dr. George S. Norton. The patient, a woman, first came under his care in 1881, and during the last ten years has had several attacks of increased tension of the eye, but under homœopathic remedies and the use of *Eserine* locally she has never come under the surgeon's knife. With this treatment she has retained her vision, which is as good to-day as it was at that time. The remedies were *Gelsemium*, *Spigelia* and *Sanguinaria*.

She has been frequently cautioned that an iridectomy may have to be made at any time, but so far, by prompt attention to the eyes on the first indication of an attack, she has avoided the necessity of an operation. The patient is always provided with *Eserine* and is instructed to use it immediately when an attack is coming on.

AUG. KORNDORFER, M.D.: I want to say one word in regard to the medical treatment of cataract. I have had the pleasure during the past fifteen or more years to treat a number of such cases, and I can safely say that three out of five, on the average, have been helped materially, and some have been practically cured under the action of the homœopathic remedies alone. The remedies most efficacious have been *Ammon carb.*, *Ammon mur.*, *Magnes. carb.*, *Magnes. mur.*, *Sulphur* and *Silicia*. These remedies in my hands have accomplished much good. One patient, nearly eighty years of age, was entirely cured after an allopathic oculist had determined upon an operation. The eyes began to show relief in about two months, and within a few months the patient could read the ordinary print in a 12mo. French novel. I have had several other cases of a similar character, one of which I now recall, a lady eighty-one years old; this case was examined by Dr. C. M. Thomas, who diagnosed cataract, V. R. E. 2-200, L. E.? One year later vision in right eye had increased to 20-70, and improved by glasses; the other eye had also improved. In conclusion, permit me to urge the general practitioner to bestow greater attention upon the medical treatment of cataract.

Just one word about glaucoma; *Cedron* ought not to be forgotten. The intense neuralgic pains coming on daily at the same hour, and continuing with great severity for hours, afford a reliable indication, especially if accompanied by mental depression and restlessness. The clock-like periodicity is very characteristic of the *Cedron*.

W. A. DUNN, M.D.: I am anxiously awaiting the day when there will be no more need of specialists. The time is coming. It will

come when every general practitioner loses sight of the tail-end of symptoms and takes into consideration the entire condition.

Every acquired disease begins with a simple inflammation or congestion. I believe, if you can strike the disease just at that time and cover the totality of the symptoms (I do not mean the tickling behind the ear, nor the hair on the tongue, but the symptoms of the nervous system), the majority of diseases can be cut short and the patient cured. Every disease begins by a perverted stimulation or a paresis of some function. Then, before a distinct change takes place, I believe we can prevent future trouble. If we could cure the disease at that time, and could appreciate the change that is taking place, we could prevent the future hypertrophy and the future sclerosis. When we reach that stage in our education, and go behind the so-called symptoms and take in the entire system, we can do very much more than we do now. This is going deep into the disease, and this is the part which falls to the general practitioner. This is the time, before the patient is sent to the specialist. I believe no symptom is of value until we know its origin. For instance, take vertigo; I believe that is not a symptom of value, until it is associated with some irritation in another part of the body.

I had a patient at one time who was subject to vertigo. Every time he stooped over he fainted. No remedy we would usually prescribe would remove that condition. The vertigo was but one end of the symptom—it was a false and not a true symptom. At the other end of that symptom was a hypertrophied body, absolutely incurable by remedies. Through the vaso-motor nerves of the brain it caused the vertigo.

BUSHROD W. JAMES, M.D.: I have treated a goodly number of cataract cases by remedies. I do not believe that after changes have occurred in the substance or striæ of the lens, and after opaque deposits have been placed there by nature or by disease, they can ever be removed by medicine. But there is a certain condition of the lens, possibly following an inflammation of some of the other structures of the eye in which the lens has become involved; then, if you give your proper remedy, probably *Chimaphila umbellata*, or *Caus-ticum*, or *Phosphorus*, you will often arrest the disease and save the lens from these permanent calcareous deposits possibly, and do more than that; you may not only benefit the case generally by medicinal treatment but if it has not progressed very far, you may clear up the lens. More than the use of remedies, you must give rest to the eye. You can hardly expect, that while a man is using his eyes and working day and night (and perhaps that over-taxing may be the cause of the cataract) to benefit him much with any remedy. Rest of the eye must be a part of the treatment. I think it is often more important than the remedy, because you allow nature to restore that eye to a healthy condition, which she cannot do while the patient is straining or over-using his organs of vision.



*THE RELATION OF HOMŒOPATHIC THERAPEUTICS  
TO OPHTHALMOLOGY.*

BY HAYES C. FRENCH, M.D., SAN FRANCISCO, CAL.

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As disciples of Hahnemann, if we are not strong in the palpable fruits of our distinctive system of therapeutics, we are nothing. At first glance it would seem that any effort to individualize any particular organ or region of the organism, in studying the relations of the law of similia thereto, would be to weaken and detract from the broad general law upon which all our successful researches have thus far been based; namely, a constant adhesion to the entirety of the symptoms, and a never-failing loyalty to the guiding symptoms, whether touching nearly or remotely the organ or function under observation. When we remember the vastness of our therapeutic system in its scope and details, it is not to be wondered at that one whose thoughts and researches are constantly directed to the action of drugs upon some particular organ, should become so familiar with the relation of remedies to that organ, as to frequently be able to prescribe more successfully for its disorders than one without this special training, but whose general knowledge of the materia medica may be much more extensive and profound. The careful homœopathic specialist never for a moment loses sight of the fact that a symptom manifesting itself in a region remote from that of his special study may prove a valuable, or even the only true guide to a successful prescription. Perhaps to no single man in our school is the world more indebted for brilliant results in special therapeutics, than to the wonderful genius and conscientious labors of our deeply lamented colleague, the late Dr. George S. Norton, and it is safe to say that no successful homœopathic oculist has failed to find in his *Ophthalmic Therapeutics*, not only an unfailing source of light and help which in its organized form could be obtained nowhere else in our materia medica, but also a practical and successful model on

which to build the rich fabric of our undeveloped remedial resources. And in these words of praise to the memory of one who has left such a sense of loss in our working force, and the pain of personal bereavement to all who knew him, we would not forget the valuable co-operation of his illustrious editorial colleague, Dr. T. F. Allen. Next to the work just mentioned we have found King's *Headaches* the most important aid in the treatment of obscure eye diseases, and no one can enter thoroughly into the merits of this admirably arranged little work without finding a rich reward. The subjective troubles of the eye are so often and so intimately related to headaches, that our colleagues of the cruder therapeutics, in the poverty of their medicinal resources have seized upon eye troubles as the only key to almost every form of cephalalgia; and even in low degrees of refractive error, or heterophoria, we know what brilliant results have often been achieved by the skilful selection of glasses, ocular calisthenics, or by operative measures. Yet not infrequently, after the utmost care in diagnosis, followed by the most rational and persistent treatment, there will remain obscure and mystifying pain or weakness; and against these baffling troubles, in the paucity and crudity of their eye remedies our allopathic competitors find themselves hopelessly at sea. It is in just such emergencies as these that the merest tyro in homœopathy manifests the towering superiority of his medicinal armamentarium over that of the best trained oculist of the "old school," and when to his general knowledge of the law of similia he adds a study of the special affinities of our remedies for the eye, the immeasurable superiority of the new system becomes manifest. In those obscure headaches which are intimately related to eye-function, and yet in which there is an absence of appreciable muscular obliquity or refractive error, the homœopathic materia medica becomes a resort of peculiar value. The rapturous precipitancy and unstinted praise with which our allopathic neighbors endorsed jequirity as a radical cure for trachoma, and the awful silence or humiliating recantations that speedily followed the premature jubilation, is but one of the many proofs of the utter poverty of their ophthalmic therapeutics. From this interminable necropolis of boasted, blighted, and buried therapeutic idols, let the pessimistic and weak-kneed disciples of Hahnemann look out upon the triumphant achievements in this branch of therapeutic research, that have already crowned our infant system, and remembering that our best

knowledge is but a hint of the vast possibilities in the divine and universal law of "*similia similibus curantur*," as revealed to us by our inspired prophet; let us go forth with new hope and truer loyalty to the *only system* of therapeutics. It would be pleasant to substantiate and magnify these claims by clinical records from all classes of homœopathic practitioners, if space would permit. With a brief record of two out of many happy surprises met with by patients, from the efficient action of our remedies in admittedly hopeless cases, we will close this paper, trusting that their recital may, if nothing more, stiffen somewhat the spinal column of our medical faith.

In 1885 a neighboring physician sent to me a case of gonorrhœal ophthalmia in a middle-aged married lady who had fallen into the hands of the Philistines, and having been relieved of all her ready cash, after weeks of painful and worse than useless treatment, was, by one of the luminaries of the "only school," pronounced hopelessly blind, and was considerably consigned to the county hospital. Declining the tempting offer of charitable service after her experience under fat fees in the German Hospital, with what little faith she could muster she brought her sightless orbs to the writer for treatment. The entire conjunctiva of both eyes was intensely red and chemosed. Both corneæ were lustreless and densely infiltrated, presenting a uniform yellowish-white appearance over their entire extent, and she could barely distinguish the shadow of the hand between her eye and the bright light. It had all the appearance of a hopeless case. It was impossible to determine whether the opacity was due alone to corneal infiltration or in part to pus in the anterior chamber, but that condition, together with extensive peri-corneal chemosis and reduced tension, pointed strongly to panophthalmitis, but in no sense toward a cure. After consultation with my partner, I gave her *Rhus tox.* 1x every two hours to begin with, but less frequently as the case progressed. In a week the report came that the patient was "much better." This was believed to be merely the vagary of an anxious mind, and a new supply of *Rhus* was sent with as little faith on our part as at the first prescription, and with more specific directions for obtaining the acuity of vision. Two weeks later she could count fingers at three feet with either eye. The same treatment was continued for several weeks, gradually diminishing the power of the remedy and lengthening the interval. In a few months

she could read Jaeger No. 12, and was turned over to her family physician, who continued the treatment; but she has been under my care at intervals up to last August (1890), when I saw her for the last time. At that time she could read ordinary newspaper print without any trouble. Both corneæ are objectively perfect, though small peripheral nebulæ are discernible under the ophthalmoscope. To my mind the result seems little less than a miracle, and this case has gone far to strengthen my faith in our remedies, and to elevate the tone of hopefulness in subsequent prognoses.

No. 2 (taken from my case-book) was Miss B., aged 10, who was struck on the lower lid by a spent shot from a toy-gun. She was first seen by me about three weeks after the accident, during which time she had been under the care of the old-school oculist who had treated Case No. 1. Inspection revealed a somewhat hazy condition of the entire cornea and highly vascular condition of the lower half, resembling a pannus. The lower bulbar and palpebral conjunctiva was greatly congested, and there was absolutely no sense of light, and the tension was + 1. She had been under Atropine from the beginning, and was under command from the medical pope to report for enucleation as the only hope for sight and, possibly, for life. Having repeatedly demurred at the proposed enucleation, she was at last dismissed in disgust, and consigned to the realms of physical darkness. On November 22, 1890, she came to me in the condition above described. A 1 per cent. solution of Eserine was instilled into the injured eye at intervals of from four to six hours, and she was put upon Arn. 6x, which she took to the 24th, when, for the hot lachrymation and post-midnight pain, she took Rhus tox. 3d, which relieved the pain, but there was no improvement in vision, though the cornea and conjunctiva had cleared perceptibly. On the 26th I began the use of Kali mur. 6x, which was continued singly to the day of her discharge. The tension diminished and soon became normal, when the Eserine was discontinued. This was on the 30th, and about this time there was evidence of returning light-perception. Vision steadily improved up to the 19th of December, when she was discharged cured, the injured eye being fully equal to its fellow in function. When, with "sugar of milk and a nomenclature," we can thus rescue an eye from the destructive knife of allopathy and restore it to usefulness, we may, with some complacency, endure the reactionary sarcasm of Dr. Holmes's caustic definition.



ESSAYS  
ON  
SURGERY,  
WITH  
DISCUSSIONS.



*THE PRESENT RELATION OF ANTISEPTIC METHODS  
TO SURGERY.*

BY HORACE PACKARD, M.D., BOSTON, MASS.

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DURING the past few months a spirited controversy has been in progress over antiseptic surgery, which has resulted in nothing, as far as I can observe, except a condemnation of Lister, his doctrines and his methods, by a widely known English laparotomist; and on the other hand a corresponding strengthening of the faith in the Listerian principles on the part of those who are the most familiar with the practical side of surgery, together with a possible weakening of the already vacillating individuals who held no decided opinions before.

It is not my purpose to take up the discussion of *methods* in surgery, for each individual must be granted the right and privilege of resorting to such methods as his opinion or his experience, teaches him will produce the best results. There is probably no profession, or specialty, in which individuality enters more largely as a factor in determining success or failure.

It is twenty-three years since Lister reduced the treatment of surgical wounds to a scientific basis. I wish to make myself understood at the outset, on the much discussed term "Listerism," and I am sure that just here is the stumbling-block on which a few of our associates trip. Listerism is any method of wound treatment which seeks to exclude all micro-organisms during the operation and process of healing, or destroy them if already in the wound.

Listerism is based on this fact—once a theory—that suppuration in wounds is *produced* by the presence of micro-organisms.

The so-called Lister method, which has been modified by him from time to time, is but a means to an end. Many changes have been rung upon it by other surgeons, but always with the same end in view and always guided by the principle stated above. Those who



so strenuously condemn what they term "Listerism" follow, without exception, as far as I can observe and learn, the Listerian principle. They tell us that bacteria have no relation to suppuration in wounds and at the same time practice baking their instruments, burning alcohol in their basins and pans, draining their wounds, isolating their nurses (who may have, perchance, had a suppuration case to care for) sterilizing their dressings, washing away all blood clots and *débris*, carefully avoiding contact with contagious or suppurative diseases for a few days prior to an anticipated operation and excluding all visitors whose person or clothing has been exposed to pathological material.

This, to my mind, proves beyond any question whatever, that the scoffers of "Listerism" *do fear the evil consequences of the access of micro-organisms to wounds*; and in adopting the means above mentioned *do acknowledge the principles of "Listerism."*

I cannot better expose the illogical attitude of those who deride the Listerian principles than by the following quotation:

"I go back to my yeast plant for my analogy and I say that that specific germ splits alcohol out of sugar, and leaves thus a constant, specific and permanent result. The poisonous effects of taking a mixture of yeast plant and alcohol are due to the alcohol and not to the yeast plant. Such bacilli as cause decomposition (and such as have specific properties) split out from the dead organic matter *some horrid things*, just as alcohol is split out—the smell of all decomposing matter proves this; and such fluids retain their smells even when filtered under pressure through wood impervious to even the minutest bacilli. This filtered fluid, under suitable circumstances is fatal to animal life and causes local sloughing when hypodermically applied to man. There is clearly, therefore, some result of the action of ordinary decomposition which is produced like alcohol, and like it, poisonous in small doses, not deadly, but in large doses very deadly. Here is a possible explanation of one of the great clinical facts of disease, and personal idiosyncrasies of disease, as known to everybody, would immediately supply another. The yeast plant, by itself, is quite harmless, and in a solution of dextrose or sugar at a low temperature it will not produce alcohol.

"The ordinary bacilli of decomposition will not attack—at least will not produce, these ordinary phenomena in living tissue, but they do so in dead tissue. Enclose some dead tissues, with the neces-

sary germs, in living tissues and you get a disturbance very fairly proportional to the dose given. If the dose is small or the tissue not very favorable for decomposition, the constitutional disturbance is slight. Thus, a piece of dead beef as large as a walnut, introduced into the calf of a man's leg would speedily excite a tremendous disturbance, *but a piece the size of a millet seed would probably give no trouble.* An ivory peg thrust into a bone rarely gives trouble, and leaden bullets lie quietly even in the brain for years, without as much as indicating their presence. That is because though such tissue is dead it is not prone to decomposition."\*

In criticising this paragraph, the first point which impresses the reader is, the evident evasion by the writer of what is known as "ptomaines" and which he is pleased to call "some horrid things." We grant that these "horrid things" are, some of them, very poisonous, but they are the product of the life, growth and death of bacteria hence, to escape them, the bacteria must be excluded.

Again, in regard to the introduction of "dead tissue with the necessary germs" (which, he says a little further on, are of so little consequence), how much dead tissue is introduced when the pathologist accidentally cuts or pricks his finger while making a *post-mortem* examination, and in a few days dies from septicaemia? How many times have we treated the most extensive and destructive phlegmon in the hands of butchers and fishmen which have arisen from a slight abrasion? Again, how much dead matter is introduced by the poisoned arrow-head?

Would the writer be willing to have a piece of beef "the size of a millet seed" bearing "the necessary germs" of the *streptococcus erysipelatis* introduced beneath his skin?

"Under the term tissue I include, of course, blood-clot and serum; such tissue when effused subcutaneously, may be either maintained in a really living condition or may become dead. On this most important question we really have no knowledge, but we know this fact: *Whether living or dead, if protected from the access of germs, they do not decompose.* The familiar example of the broad-ligament hæmatocele proves this up to the hilt. Leave it alone, and the chances are fifty to one that it will slowly disappear without giving trouble.

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\* An address on the Present Aspect of Antiseptic Surgery by Lawson Tait, *British Medical Journal*, September 27, 1890.

Open it or tap it—that is, admit the ordinary germs of decomposition—and you will secure abundant suppuration without fail.”

Is not this the quintessence of the Listerian principle?

“I have said that a part of my working hypothesis is, that a dosage of the decomposing substances, or of the poison resulting from the decomposition, must have a great influence on the results. This, with our every-day clinical experience, amounts to a truism; but, look how the Listerians regard it. With them, one germ is as good as a thousand. This is not so with specific germs. One torula bulb will take an indefinite time to act on a large quantity of sugar, just as one Scotch fir would take an indefinite time to cover a mountain with seedlings.”

There is a grain of truth in the teaching of this paragraph. The writer refers, at another place in his paper, to the natural ability of the tissue-cells to combat and kill the germs of decomposition. Unquestionably, the few bacteria which he says he always puts in his wounds impose a much less amount of work upon the tissue-cells than if he “stuffed his patient’s peritonæum with them like a pudding,” and, in so far as there are fewer germs, the less danger to the patient; but, every surgeon must have noted an enormous difference in the resistant force against suppuration in different patients. It must hold good, that the vitality, or state of health, of the tissue-cells themselves, determine how far pathogenic bacteria may encroach upon the body after introduction into a wound. A wound impairs the vitality of the immediately surrounding tissues; hence, they do not possess the resistance to the encroachment of bacteria that they otherwise would. The fact that a minute quantity of microbic pus injected beneath the healthy skin is sometimes absorbed without resulting in serious trouble, while a larger amount causes severe suppuration and death, is no argument in favor of the innocuousness of the same when placed in an operation-wound.

Suppose, again, that our patient’s tissue-cells, or phagocytes of Metschnikoff, are a little off in their appetite, and leave the germs unmolested. What follows can best be observed by watching the enormous reproductive power of the ordinary bacteria of suppuration in a test-tube. I have here a test-tube of Agar which has been inoculated by merely touching the surface with the end of a platinum wire which had on it a few of the staphylococcus pyogenes albus from a suppurating wound. It has been kept at the temperature of the

human body over night. The lesson is most convincing ; the hundred or so bacteria have become millions.

This is no fancy sketch, but just what experience shows is likely to occur if we permit pathogenic bacteria to enter our wounds.

Is it true, as stated in the quotation, that "an indefinite time is required for the germs of pathogenic bacteria to develop so as to menace life?" Let us see. If peritonitis occur after a laparotomy, it affects the general system sufficiently by the third day to produce elevation of temperature, vomiting, and tympanitis; and by the end of one week, or perhaps sooner, death. In an ordinary wound, as for instance, a breast-amputation, if pathogenic germs be shut in at the time of the operation, we are likely to notice, at the end of four to six days, elevation of temperature, pain, and a boggy condition of the site of the wound. Upon opening, we find an outpouring of pus, astonishingly disproportionate to the "dosage" administered. How do facts of the life-history of bacteria tally with these clinical facts? The following quotation may enlighten us.

"Small as they are, bacteria are by no means insignificant. Like aphides, and other small insect pests, they possess the power of multiplying with great rapidity, but they far exceed their most active competitors in this respect. Cohn has calculated that a species undergoing fission once an hour—which is not too high an estimate for some species—under favorable circumstances might count nearly seventeen millions offspring at the end of twenty-four hours, while in about a week the number could be represented only by the use of fifty-one figures; so that it is practically meaningless to the ordinary mind. But, to give some means of comparison, he calculates the space that these microscopic beings would occupy if each were about twice the size of that which I have spoken of, and finds that in five days the progeny of a single cell, if all survived and were equally prolific, would occupy nine hundred and twenty-eight million cubic miles, the volume of the ocean. Of course, this reproduction is checked greatly by unfavorable conditions and by their enemies, but what wonder if the germs of putrefaction and disease are well nigh omnipresent?"\*

"I, for one, distinctly wish it understood that I adopt none of Lister's so-called antiseptic precautions, because I have no fear of

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\* *Medical Register.*

germs, and never had. I have been trying to get Lister to believe, for years past, that all along he has been putting the cart before the horse, but he has never read my views. He tells us that we are antisepticians because we are very particular to clean our sponges. But the Listerian doctrine used to be, that a dip in a 5 per cent. of carbolic acid would make any sponge safe. I always knew that it would not make them safe, for sponges are dead animal matter, most prone to rapid decomposition of the foulest kind imaginable. A damp sponge kept at a temperature of 100° will be a mass of stinking putridity beyond all imagination in twelve hours. A sponge after twelve hours in the uterus is the most stinking thing I know, and the most deadly if there has been a wound in the uterus. Sponges are the perfect type of the tissue I dread—dead animal matter specially ready and apt to decompose.”\*

“Hamilton’s beautiful experiments with sponge-grafting, all of which I have followed with fair success, were the first light which came to me explaining why Lister was wrong. I knew Lister was wrong before that, but I did not know why; but Hamilton’s conclusions clearly show it, and they likewise bring into correlation a number of facts which formerly were discordant and apparently contradictory; as, for instance, why we can leave a small fragment of sponge in the abdomen, as we often do, without harm; but if we leave a big bit the patient dies rapidly of suppurative peritonitis, no matter what Listerian precautions have been taken.”

If the writer of this article, who so stoutly affirms that “he has no fear of germs and never had,” really feels as he writes, why does he so carefully wash out the abdominal cavity, employ drainage, isolate his nurses who may have had the care of a suppurative case, etc.?

All this care shows conclusively, if it shows anything, *that he does fear germs*; employs these means to keep them out of his wounds and to remove them promptly if they once get in. This suggests something which we should really like to know i.e., in just what percentage of his cases does he have suppuration, either in the abdominal wound, or the so-called stitch-hole abscesses. He admits that he often has peritonitis which he nips in the bud by the free use of cathartics. His doctrine regarding sponges is really a

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\* Address on Present Aspect of Antiseptic Surgery, by Lawson Tait.

curious bit of literature. A sponge is but the fibrous frame-work of an animal and in itself no more prone to decomposition than the fibres of a silken cord. The frame-work of the sponge in its living state is covered with a gelatinous substance called sarcode; and one stage of the process of preparation of the sponge for market is the putrefactive decomposition of this covering in order to separate it from its frame-work. The same as we, in our student days, resorted to a similar process to clean bones. This makes the sponge the most difficult thing in the world (bacteriologically) to cleanse, especially one which happens to be dense in its structure.\* Experiments have shown that after the most thorough washing and disinfecting with carbolic acid while the peripheral portions are sterile, the central parts are still capable of setting up decomposition if putrescible fluids are supplied.

The secret of the whole matter in the trouble with sponges is that we do not, or cannot, make them bacteriologically clean through and through. Hence, if one be accidentally left in the abdominal cavity, its first act is to absorb, to its fill, the lymph of the peritoneal cavity, or any serum which may exude from a wound resulting from an operation. The germs still in the central part of the sponge are thus furnished with the choicest pabulum, on which to thrive, and in a short time the sponge is the centre of a mass of fermentation which rapidly extends to the general peritoneal cavity, resulting in death.

Can anything be more puerile than the attempted explanation of this matter by the writer quoted? "A little piece of sponge is harmless because it is little," "a big piece of sponge is dangerous because it is big." Does this tally with the statement, "Keep the germs away from a pelvic hæmatocele and there will be no trouble?" A sponge left in the abdominal cavity causes trouble because it is unclean, not because it happens to be a "big sponge."

I wish to make a quotation from another article written in the same strain as the above; after which I shall consider that the obstacles to an unprejudiced survey of the field of antiseptic surgery are disposed of.

"The surgeon of to-day, who, for any reason, undertakes serious operations without the use of the so-called antiseptic method

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\* *Sponges and their Use in Surgery.* A. E. Maylard, M.D. Glasgow.

and procedure, takes upon himself a responsibility which may well make him pause. In favor of the practice in some form or other he sees arrayed the vast majority of surgeons of both schools and sees them undertaking the most formidable operations without fear, and with most remarkable success, and he sees, too, the whole field of operative surgery vastly enlarged and increased since the advent of Listerism.

"So great a result must proceed from some good and sufficient cause or causes, and to boldly reject the one apparent and universally trusted one, the source of this vast benefit to humanity, must require either a depth of depravity or else a clear vision of the causes and explanations of these grand results, and above all the latter discovery in order to justify such a rejection. I propose to show that this justifying vision is not so far to seek or so difficult to behold as we may imagine, and that the wonder is that more have not seen it before. The only explanation that I can give is that men are mostly like sheep and follow the bell-wether and the biggest flock. *My own protection against this delusion was at first only one law of cure. I knew that if this were true, no bacteriology could disclose either the final cause or cure of disease, whether of surgical or other origin.* This was my chart and compass and steering by that I kept far away from the rocks of antisepticism in every form whether in the lying-in room, the surgical ward or the sick room."†

History repeats itself. In 1628 William Harvey published his great discovery of the circulation of the blood. At once Primrose, Reolan, Bartholimi and others advanced the most convincing arguments in opposition to it and it was sixty-eight years before these "doubting Thomases" held their peace. It is said that there is still a benighted clergyman somewhere in the Southern States who strongly maintains his belief that the "sun do move;" and the late Rollin R. Gregg, to the day of his death insisted that the micro-organisms which we know as bacilli tuberculosis were but bits of fibrine. So we may well expect that this great truth of Lister will be maligned and abused for a number of years to come.

*"My own protection against this delusion was at first only our law of cure. I knew if this were true no bacteriology could disclose either the final cause or the cure of disease, whether of surgical or other origin."*

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\* "Listerism," by Jas. B. Bell, M.D., Boston.

How, I would ask, in the name of science, can "*similia similibus curantur*" be the slightest aid to one in determining either the truth or falsity of the Listerian principle of wound treatment? One can easily read between the lines of the sentence quoted; it smacks strongly of the pernicious in all doctrine, not of Hahnemann, but of some of his would-be followers. Can we afford to ignore modern pathology? Because Hahnemann has given us the best system of therapeutics the world has ever known shall we rest content and say nothing better can ever be discovered? It is quite safe to say that those who condemn the Listerian principles of wound-treatment have never spent a single hour in the study of bacteriology and know practically nothing of the life history of the micrococci of suppuration. I quote again.

"First.—The theories of Listerism are false."

"The essential theories of Listerism (and let it be clearly understood that by this term we mean always the use of poisonous agents in various forms to combat the influences of germs and bacteria) are two."

"a. That sepsis in all its forms is due solely to the access of germs or bacteria to the surface of wounds or cavities."

"b. That certain agents, chemicals, poisons, called germicides, applied in certain ways, will render such contact harmless."

The essential "theories of Listerism" are here misstated; in fact there are no "theories of Listerism" but, *First*.—The well established and incontrovertible fact (the Listerian principles) that suppuration in wounds is always the result of the presence of bacteria, and,

*Second*.—The Listerian method, which has for its object the exclusion of bacteria or their germs from wounds during or subsequent to operation. This method may change, and has, even in the hands of Lister himself, but always has for its guide the "Listerian principle."

I use the term suppuration here because it is primarily what the Listerian method seeks to prevent. We know nothing in surgery of sepsis otherwise than accompanied by, or preceded by suppuration. Opposers to Listerism are wont to speak flippantly of suppuration in operation wounds and declare it is of no consequence and inevitable. I shall refer to this again, later.

I might continue these quotations, with criticism, indefinitely, but



enough has already been said to show the erroneous current into which these opposers of Listerism have drifted. Further discussion between the two factions must be profitless, until an agreement can be reached as to just what "Listerism" is. As long as the terms *Carbolic acid* and *Listerism* are used interchangeably and as long as there are minds which can see no difference between the two, so long will confusion reign.

Let us now examine antiseptic surgery from the standpoint of surgical pathology and practical experience.

*First.*—What facts are there to substantiate us in the Listerian principle? (*i.e.*, that wound-suppuratation is always the result of bacterial infection).

It must be born in mind that practically, nothing was known of modern bacteriology at the time Lister adopted his principle of wound-treatment. It was a theory then, and has since become a principle, by the multiplication of substantiating facts.

Klebs, Ogston, Rosenbach, Passet, Sternberg, Osler, Councilman, Ernst, Park and many others have found microbes invariably present in wound suppuratation, and have cultivated them artificially until the various kinds (and they are many), are as well known as the shrubs upon our lawns.

Garre, Fehleissen, Brockhardt, Brumm and Cheyne have injected these microbes into both animals and man, and in every instance where any considerable number were introduced, suppuratation followed without exception.

"That the pus-microbes are the immediate and essential cause of suppuratation, inflammation and pus-formation, has been well established by clinical observation and experimentation."\*

"While throughout these lectures and without evasion, we have taken the position that *there is, clinically, no suppuratation, without the action of micro-organisms*, we must also insist that this expression is not intended to imply bacteria alone, since such other living organisms as that of actinomyces, several of the moulds, and the amœboid organisms recently described by Osler can produce it."†

*Is surgical wound-suppuratation ever produced otherwise than through the agency of pus-microbes?*

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\* Senn's *Principles of Surgery*.

† The Muller Lectures, by Roswell Park, M.D.

It is safe to say : *No*, it is not.

"Councilman, Uskoff, Otherman, Grawitz and de Bary, have demonstrated that the injection of certain chemical substances (metallic mercury, turpentine and croton oil) beneath the skin, produce suppuration with considerable certainty. Such suppuration, however, is, clinically and pathologically, totally different from wound suppuration. It is not progressive in its character, there is no extension to adjacent parts and the pus which is produced is aseptic and sterile."\*

*Have we evidence that the exclusion of microbes from wounds prevents suppuration with any degree of certainty?*

Yes; overwhelming evidence.

*First—Deductive Evidence.*—Of course, we cannot expect the phenomena of suppuration to occur in laboratory experiments or dead tissue, but putrefactive changes in putrescible fluids, analogous to those which occur in the course of suppuration, have been carefully studied, and it has been proved, that *without microbes there is no putrefaction*.

The most putrescible fluid that can be concocted remains unchanged just as long as the microbes are excluded.

The universal absence of suppuration in simple fractures is too commonly known to deserve mention.

*Second—Direct Evidence.*—Before the adoption of the Listerian principle it was seldom that a wound did not suppurate; indeed it was of such constant occurrence that it was accepted as a necessary accompaniment of the healing process. Hospital gangrene and hospital fever were rampant, and fortunate was the patient who escaped with his life. Do we ever hear now of hospital gangrene? It would be a burning reproach to any hospital or any surgeon, in the light of our present knowledge, to have such wound diseases run riot as existed in the pre-Listerian days. To-day every progressive surgeon expects to secure healing by first intention in every freshly made surgical wound, and if he does not get it he knows there is some violation of the Listerian principle. Dr. J. W. White, Professor of Clinical Surgery in the University of Pennsylvania, an ardent disciple of Lister, reports over two hundred operations and says: "*I can truthfully say that in the whole list there have not been*

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\* Senn's *Principles of Surgery*.

six freely suppurating cases, and that there have been no cases of septic trouble and no death from any form of blood-poisoning."

Mr. J. Knowsley Thornton, another Listerian, says in a recent address: "I am not ashamed still to use the spray and all the precautions which have advanced my results in ovariectomy to 1.88 per cent. mortality (against Bantock's 4 per cent. and Tait's 3.3 per cent.) and I find increased practice and a steady adherence to methods which have yielded me good results in the past increase in like ratio my success in all abdominal operations." All this change has been wrought by keeping *one object* in view—the exclusion of the germs.

*Drainage.*—Drainage preceded Listerism, having been practiced by Syme, Chassaignac, Kœberle and others. It has become an important factor in wound treatment, but is *not always used by every surgeon in every wound*. Those who are the most exact and systematic in carrying out the antiseptic régime have the least use for the drainage-tube. At the present time it is the practice of several successful surgeons of my acquaintance to close every freshly made wound without drainage. In slip-shod surgery, such as "admit germs freely" to the wound, and "expects suppuration," the drainage-tube is the salvation of the patient, for it provides an outlet through which microbes, pus and poisonous products of decomposition may find their exit, instead of being absorbed and poisoning the patient.

How exquisitely the Shedd method shows the perfect truth of the Listerian principle. Here a moist blood-clot, "a pabulum," a putrescible fluid," the ideal food for microbes, is purposely left in the wound-cavity to undergo organization. With the Listerian principle fully executed, such a blood-clot remains in the wound-cavity; the neighboring connective-tissue cells reach into it, capillary bloodvessels penetrate it and it becomes organized, and thus a useful agent in the repair of the injury. Actual experience has over and over again shown that an exudation of serum within a closed wound, subsequent to an operation, is absorbed without the slightest elevation of temperature or local evidence of suppuration or sepsis. These are the things which impress us with the great truth of the Listerian principle, and make us believe it worth the while to try to exclude the germs.

*Chemical Antiseptics.*—This is the rock upon which opponents of Listerism founder. Lister's first attempt to put in practice a syste

of wound-treatment in accordance with his theory of wound-sup-puration was accompanied by the use of carbolic acid, and for a time the term carbolic acid was used interchangeably with Listerism. That this narrow conception of the greatest step forward that surgery has ever taken exists to-day is surprising. The use of Carbolic acid, Corrosive sublimate, Iodoform, Boracic acid, Thymol or any of the so-called antiseptics are but means to an end, and many changes have been made by Lister himself in his methods, as well as by other surgeons all over the civilized world. It has been found that the Listerian principle can be successfully followed even if chemical antiseptics are dropped from many of the details of an operation, where they were formerly thought necessary. But when thus dropped they have been substituted by something which as surely, or more surely, kills the germs.

We should all be very willing to give up chemical antiseptics *in toto*, but there are certain details in the preparation for an operation without which we cannot be sure of antiseptis. Instruments, sponges and dressings can be made sterile with absolute certainty by subjecting them to a temperature of 212 degrees F. for ten minutes.\* Not so, however, with the hands of the operator and his assistants, nor the field of operation on the patient's body. It is my belief that the hands of the operator are the most prolific source of wound-contamination in the whole technique of surgery. This is so because of the frequency with which the surgeon's hands are brought in contact with pathogenic bacteria. Upon every examination he makes of the axillary space, the vaginal canal, the rectum, or even of the mouth, his fingers bear away thousands of bacteria capable, if implanted in a freshly made, closed wound, of setting up suppuration. Ordinary washings with soap and water are totally insufficient for making the hands bacteriologically clean. I cannot do better than quote the following carefully conducted experiment:

"The most scrupulous care should be exercised in providing for cleanliness of person and clothing. From our standpoint all that is necessary to consider under this subject is the question of: How shall the surgeon clean his hands?

"The following experiments were undertaken: A man's left hand was selected, the nails cut and cleaned, the hand vigorously scrubbed

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\* Sternberg.

with soap and water, washed with ether and immersed in 1 to 1000 solution of Corrosive sublimate; it was kept immersed for one hour, removed from the Sublimate bath, washed with sterilized water and a layer of gauze placed on the front and back of the hand. These were saturated with sterilized, nutrient gelatine and over this was applied an aseptic dressing. The man's right hand was then cleaned in a way a surgeon often does before an operation, that is: by cleaning the nails of all visible dirt, scrubbing the hand with soap and water and immersing it for a moment in 1 to 1000 Corrosive sublimate. It was rinsed with sterilized water and treated similarly to the left hand. A half hour later these dressings were removed and cultures made.

"The left hand, which had been cleaned in an extraordinary manner by soaking in Corrosive sublimate for an hour, was found to be absolutely sterile. The gelatine from the right hand, which had been cleansed in the ordinary superficial way, showed colonies of bacteria; that from the back of the hand being completely liquefied, while that from the front of the hand was peppered all over with colonies.

"The result was striking, and demonstrated that the ordinary method of cleansing the hands is ineffectual.

"In this connection nail brushes were examined as an almost certain source of contamination in providing for an aseptic operation. Three brushes were taken which had been used for general purposes. Bristles were snipped off from various parts of these brushes and cultured; all of these were contaminated with bacteria and moulds. As a remedy, it is suggested that hand brushes should be thoroughly cleansed after an operation and kept immersed in a 1 to 1000 solution of Corrosive sublimate.

"The result of the experimentation on hands is certainly remarkable.

"It has long been recognized that *Corrosive sublimate will destroy all germs in a few minutes, and it certainly is possible*, as the above experiments show, to gain asepsis of the hands if the surgeon, or his assistants, will take the time to *gain* it.

"The superficial manner in which hands are treated is not fair to aseptic work. If it is to be done at all, it must be well and carefully done. The result will follow."\*

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\* *Aseptic Surgery*, by H. L. Burrell, M.D., and G. R. Tucker, S.B., Boston.



The use of antiseptics for disinfection of the hands does not make other and more common means of cleansing the hands less necessary. The most scrupulous washing with soap and water, close trimming of the nails to expose the subungual space, the use of ether or turpentine to dissolve any fatty or sebaceous material, and lastly the soaking of the hands for several minutes in 1 to 2000 Corrosive sublimate solution will ensure sterility.

The field of operation is the next most difficult detail to manage successfully. How often have stitch-hole abscesses appeared in the course of the week following an otherwise perfectly satisfactory convalescence. There can be but little doubt that this unpleasant complication is more often the result of an unclean skin than anything else. It is easy to make needles and sutures bacteriologically clean by the use of heat, but for the skin surface, with its papillæ, gland ducts, and follicles, there is no sure method except one similar to that described for the hands. I here quote again from the same writers:

"Wounds, to-day, should heal without pus, and one of the most important aids in obtaining this result is to render the surface of the skin sterile previous to an operation. Here the fact should never be lost sight of that we have a living, human organism to deal with and not an inanimate object.

"A patient approaches an operation with fear, which is more or less controlled. Therefore, unnecessary details of preparation which may alarm his mind should be banished. Proper protection should be taken for a rapid and effective operative procedure. Shock, that well-recognized but not clearly understood phenomenon, must always be borne in mind, and the patient should be kept warm and dry by suitably arranged rubber cloths. The operative field should be thoroughly cleansed with soap, water, shaving, ether, sterilized nail-brush, Corrosive sublimate,—1 to 1000,—and the mechanical removal of dirt, that is, asepsis of the operative field obtained.

"If it is possible to render the hands of the surgeon free from germs, it is equally possible to render the operative field sterile. So, in a measure, the experimentation has demonstrated that sterilization of the skin is simply a question of care and time to be exercised by the operator in cleansing his operative field.

"The following experiment was undertaken. The house surgeon at the hospital kindly prepared a forearm antiseptically, as if it were to be operated upon in the following manner:

"The arm was cleansed with water, shaved, washed with ether, rubbed vigorously with a brush wet with 1 to 1000 Corrosive sublimate, and an antiseptic absorbent dressing was applied. This was removed on the fourth day, and the successive layers, after culture, were found to be germ free. This shows that it is quite possible to render the surface of the operative field sterile."

It has been my practice for the past year to cause the field of operation to be prepared the afternoon previous to the day set apart for the operation. After the most thorough cleansing, removal of hair, and disinfection with 1 to 1000 corrosive sublimate, a compress wrung in 1 to 2000 sublimate solution is applied, large enough to cover widely the parts involved, and allowed to remain until the patient is on the table. Since adopting this procedure I have not been troubled with stitch-abscesses.

*Sponges.*—Sponges are a constant menace to antiseptic surgery. The subject has already been mentioned earlier in this article. I again refer to the experiments of Dr. Maylard, and quote his conclusions:

"The practical lessons, then, which these various experiments seem to teach are that sponges, which are most open in their mesh-work, are least likely to be septic from causes connected with their preparation; that these same sponges are easiest to sterilize, and that a solution of bichloride of Mercury of a strength of 1 to 2000 is the best sterilizing medium. It follows from the above that large sponges, and thick, dense sponges, are those most likely to be septic, and are those which will require some care in order to efficiently sterilize them.

"Taking these various factors into consideration, the best sponges for surgical use are the small cup Turkey sponges. Their texture is close, but their shape prevents them from being anywhere so thick that they would fall under the objection above mentioned. One advantage, also, of no little importance, is that in these sponges there are not the same loose tags of tissue projecting from the surface which so frequently exists on the surface of the more open-texture kinds. They are about double the price of the Florida sponges, but their greater expense is quite compensated for by their convenience and safety.

"When our sponges have been properly sterilized, how should we preserve them during the time they are not in use? Should we keep

them dry in air-tight rubber bags, which protect them from external contamination? or should we keep them constantly immersed in some antiseptic solution? To ascertain whether sponges were in any way deleteriously affected by prolonged immersion in the commonly used antiseptic fluids, I took two Florida sponges (Cuban fine), placed one in a vessel containing 1 in 20 carbolic solution, and the other in a vessel containing 1 in 500 mercury solution, both, it will be seen, very strong solutions of the antiseptics. The vessels were each covered by a cap of gutta-percha tissue, and left exposed to light in the laboratory. At the end of nine months I examined them. Both had darkened very slightly in color,—the carbolic one more than the mercury one,—but neither had suffered in consistency, nor could a microscopical examination detect anything amiss in their minute structure.”

To avoid the danger which lurks in sponges, as well as the care and time consumed in preparing them, and their not inconsiderable expense, so-called artificial sponges are now widely used, and are prepared by wrapping a wad of absorbent cotton-waste, wool and cotton, or any absorbent material, in a covering of gauze. These are readily sterilized by heat, and after being once used can be destroyed. They are not as absorbent as real sponges, but answer the purpose very well.

*Ligatures.*—Silk, silver-wire, catgut, and silk-worm gut are the commonly-used ligature materials. Silk, silver, and silk-worm gut are easily sterilized by heat; but not so with catgut. This material is an animal product, sure to become infected with microbes during the process of manufacture, and hence a most dangerous article for surgical use. In its manufacture it is tightly twisted and dried, and as a result microbes, or their germs, are deeply imbedded. Dry or moist heat applied to it a sufficient time to kill, with certainty, all germ life, is likely to ruin it, either by desiccation or softening. Hence the only method which can surely be resorted to is maceration in alcoholic solutions of antiseptics.

The plan most commonly pursued is, first, immersion in ether for several days to remove all animal oil; then maceration in an alcoholic solution or Corrosive sublimate—1 to 1000 or 1 to 500—until the time it is to be used. Some doubt has been expressed as to whether the large-sized gut, such as is used for tying the pedicle in ovariectomy, is ever by this method sterilized through and through.



I have experimented with dry heat in the sterilization of catgut quite extensively during the past two years, and while perfectly satisfactory as far as sterilization is concerned, many times the gut has been ruined from causes which I have not been able to determine. I am inclined to think, however, that long subjection (12 to 24 hours) to heat not over 212° F., in an oven provided with a thermostat, will effectually and safely sterilize it. This apparatus is, unhappily, not practical except for hospitals; hence, chemical antiseptics are and must be for the future indispensable.

*Dressings.*—All dressings are easily sterilized by heat. Plain, bleached, absorbent gauze, subjected to dry or steam heat at 212 degrees F. for fifteen minutes makes the ideal dressing for a clean wound. For a wound in which suppuration is already established at the time of operation, or where it has been impossible to carry out in full every detail according to the Listerian principle, the gauze should be impregnated with some antiseptic, so as to inhibit the growth and development of bacteria as the discharges are absorbed. The matter of chemical antiseptics is after all of minor importance in dressings. If suppuration occurs in a wound the important thing is frequent removal of discharge, by change of dressings as often as they become saturated. A clean wound will have no discharge after the first twenty-four hours and that being but serum is quickly absorbed by an aseptic gauze dressing.

In no way is the completeness and perfection of antiseptic surgery better illustrated than in the wound resulting from an operation which has been carefully planned and carefully executed according to the Listerian principle. The dressing is removed at the end of one week, scarcely soiled, the wound has united throughout without inflammation or suppuration, and the patient's convalescence is a matter of days, instead of weeks and months.

This is the ideal convalescence; it is not always easy to secure it and must be at the cost of eternal vigilance. Many times have I been in despair when suppuration has made its appearance in a wound which I felt should have healed without it, but in every case I have traced the mischief to inefficient sterilization of my own hands, the field of operation, or the catgut.

*Phagocytosis and Immunity.*—The question as to why patients finally pull through and recover even if suppuration is set up in a wound, need not particularly concern us here, although it is an in-

teresting matter from a pathological standpoint. It has long been recognized that there is something within the human organization which resists the advance of bacteria. It is a common experience to see the most violent suppuration gradually subside and finally complete healing follow. Metschnikoff tells us that this is through a direct combat between the bacteria and phagocytes (leucocytes) of the blood. If the vitality and number of the phagocytes be sufficient, the bacteria are swallowed up and killed, but if the bacteria be of superior force and vitality they gradually encroach upon the tissues and finally cause death.

This beneficent provision on the part of nature protects us from our unseen enemies and is probably sufficient, when we are in a state of perfect health, to withstand the attack of all ordinary forms of pathogenic bacteria.

This is no reason, however, why we should willingly introduce into a wound elements which may set up suppuration and putrefaction, when we have means of excluding them.

*Ptomaines.*—It has long been known that poisonous results follow suppuration, out of all proportion to the extent of tissue involved.

This, too, does not particularly concern us in a practical consideration of surgical wound treatment, but for the purpose of setting at rest opposing arguments I refer to it here.

The profound toxic effects above mentioned are without question due to the certain alkaloids which result from the growth and life of microbes, and are called ptomaines.

Nothing is known of the existence of these poisons except as products of bacterial life.

Our course then is plain.

If we would protect our surgical patients from ptomaine poisoning we have but to exclude the microbes.

*Closing Considerations.*—We are now prepared to return to the subject of this paper and discuss the "Present Relation of Antiseptic Methods to Surgery."

It is beyond argument that all surgeons the world over, at the present time, employ surgical methods based on the principles of Listerism.

Each surgeon may work according to his own interpretation. He may discard chemical antiseptics, he may say that he cordially

invites in the microbes; he may claim that suppuration is inevitable, but *why* does he sterilize his instruments, dressings, sponges, and ligatures, and *why* does he object to a nurse, who has been caring for a foul suppurating case, taking care of a patient freshly operated upon?

The whole duty of the surgeon is:

*First.*—To preserve his patient's life.

*Second.*—To relieve him of his malady.

*Third.*—To make his convalescence as brief as possible.

That antiseptic surgical methods have accomplished all this more perfectly than anything else the world has ever known, is incontrovertible.

How much chemical antiseptics have contributed to this we cannot, with certainty, say.

We should like to know how frequently suppuration occurs in the practice of those who condemn them, and we would like to know the average time of convalescence.

Sir Joseph Lister must, ere many years have elapsed, pass from his earthly labors, but Listerism will live on "till the crack of doom."

#### DISCUSSION.

S. S. LUNGREN, M.D.: The subject of antiseptic surgery is one that I am not very familiar with from the fact that in all my surgical operations cleanliness has been my aim; and if you regard antiseptics as related to cleanliness, then of course I can answer affirmatively for the good and worth of antiseptics. I have looked at the method of Lister, and I am satisfied from conversation with other physicians and surgeons, and from my own experience, that we have everything necessary in the surgical operation in perfect cleanliness and in the use of hot water. There are those who believe it is very necessary to have a complicated series of appliances. I believe as I said before, just in plain precautions, and the application of pure hot water; and that with the proper combination of cleanliness all the necessary antiseptic conditions are met. It has been my good fortune—for I think a man who has ever seen Mr. Tait operate is very fortunate—to see Mr. Tait operate and to have a long conversation with him on the subject; he assured me that in no instance did he ever depart from his rule of perfect cleanliness and the application of hot water in the treatment of his operations. I had long held that idea before I saw him, and I believe that he is a truthful gentleman, and would only say what he thought. We have

constantly so-called new ideas coming up that are not new, but are the old ones revamped. Very often a surgeon goes into an operation, especially a young surgeon, fearful if his patient dies that he has not fulfilled every indication because it happens to be the prevailing fashion of the time to be antiseptic or aseptic. I have seen a great many operations; I have performed a number myself; and in my conclusions, after a long observation, is that this Listerism, or the antiseptic treatment as practiced at the present day, is entirely unnecessary. Lister himself has departed greatly from the essentials demanded by him at first, and has thrown aside, one after another, his complicated dressings. We have seen in a very few years one germicide after another, like the changes in a kaleidoscope, lauded as the most effective, and after a brief existence consigned to disuse, to be in turn supplanted by another, whose claims to efficacy as a surgical resource rests principally upon the laudation of the discoverer. All cannot be equally effective, and while different surgeons have their favorites, from carbolic acid to *Mercurius corrosivus*, the question of strength of preparation seems to occupy a secondary place. One thousandth to ten thousandth seems in the opinion of the believers to be equally effective. But how about the effect upon the patient, especially in abdominal operations where large surfaces are exposed? Keith is satisfied that in two instances at least, the deaths were directly traced to the absorption of carbolic acid, and has entirely abandoned the method. In the hands of the best abdominal surgeons, Keith, Tait, Bantock, etc., it is not used, and no one can justly disparage the success obtained in their operations as compared with others. While, on the other hand, death (see hospital reports) in many instances has been produced by the antiseptic agent.

SHELDON LEAVITT, M.D. A year ago I had the pleasure and privilege of spending a few months abroad with some of the best operators, and I wish to give my conclusions with regard to this matter of antiseptic treatment. First, I spent a number of weeks with Lawson Tait. I observed that he in practice, as well as in speech, almost wholly ignored antiseptics. Turpentine is the only antiseptic which he employs. When he enters the operating room, he pours some of this on his hands and then washes them thoroughly. His assistant does the same. The trays containing the instruments have no solution of an antiseptic character, but merely plain water. The water which he uses for flushing the abdominal cavity is nothing but such as may be drawn from the tap. Now, there is no doubt that Tait is a splendid operator; there is no doubt that he obtains good results; but I want to say, and I am free to say it, that Mr. Tait (as he prefers to be called) surrounds his cases after operation with a curtain, so to speak. You are not privileged to know just how they get along. You do not see them after the oper-

ation, except in rare instances, and under peculiar circumstances. In some instances you will learn that now and then a case dies; how many more die you have no way of learning. You cannot tell whether there is much suppuration or not. In reality, for everything which occurs after the operation, you have only the statement of one or two persons to rely upon.

From there I went to Berlin and witnessed operations conducted under antiseptic methods, chiefly by Martin. I spent some time there, much to my pleasure and profit. I found that Martin operates in an entirely different way from Tait. He is thoroughly aseptic and antiseptic. You cannot enter his operating room without having taken a bath, and changed your clothing, and divested yourself of your outer garments. He himself takes off outside of the operating room the clothing which he commonly wears, substituting a light suit made purposely for operations, and then he presents himself in the operating room, and goes about his work. Martin was very willing to exhibit the results of his operations. He took us into his hospital, and we saw him remove the antiseptic dressings from abdominal wounds some seven or eight days after his operations, and in no instance, I believe—Dr. Higbee was with me, and he will testify to it—and in no instance did we see a drop of suppuration. Tait in his operations makes a very small incision, from two to three inches long in laparotomy. Martin in his operations makes a long incision. He believes in seeing what he is about. Tait goes almost wholly by the sense of touch. In Martin's operations the intestines are usually exposed; and yet from what I learned, and from what I saw, I am satisfied that Martin's results are better than Tait's.

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*SARCOMA AND CARCINOMA.*

BY W. TOD HELMUTH, M.D., NEW YORK, N. Y.

THE subject of carcinoma and sarcoma taken collectively would, in the light of present scientific discovery, cover an almost endless field. In fact, it would be impossible to collect and refer to the varied essays, investigations and experiments which have been made regarding the true pathology of these tumors and their varieties. I have entered upon the subject with the idea of perhaps throwing some light upon the diagnosis and treatment of these peculiar and interesting neoplasms, having based these observations on the treatment of 100 cases of the disease. There can be no doubt that until the last quarter of a century the true distinction between sarcoma and carcinoma was unknown. The term sarcoma meant a flesh tumor situated in any part of the body,\* and was probably applied to that variety of myo-fibroma in which the bloodvessels were numerous, and which contained a certain amount of unstripped muscular fibre. When Abernethy attempted his classification, he arranged most of the innocent growths under the term sarcoma, excepting the cystic and bony tumors, and it is probably that what we now term sarcoma were grouped under the head of cancer. Since the introduction of the microscope, although the classification of tumors has received much attention, there is still greater diversity of opinion regarding their original formation and life history. It is generally maintained that the growths called sarcomatous are of connective-tissue original, and that the carcinomatous formations arise from epithelial structure. As connective-tissue in turn arises from the mesoblast, and the epithelial structures are produced from the epiblast, it may be that if remedies acting upon the structures in the body which arise from these layers of the blastodermic membrane

\* Sed si magni tumores oriuntur qui ut massæ carneæ supra reliquam cutem dependent sarcomata vocavi confueverunt.—Heuter, vol. i., p. 477, 1739, in *Institutiones Chirurgicæ*.

can be discovered, perhaps a step forward may be taken toward the medical treatment of these growths, which, it must be admitted, is now unsatisfactory and meagre. Whatever remarks I may make regarding the clinical manifestations of these tumors has, as I have already remarked, been the result of considerable experience with them during the last twenty years, and I confess that a more perplexing study cannot be well imagined. In the first place it used to be thought that a malignant growth was malignant from the beginning to the end. For instance, Bryant writes: "Tumors never change their original nature, nor pass nor degenerate into others of a different kind. A simple tumor remains so to the end, a cancerous tumor is cancerous from the beginning." This apprehension I taught myself for many years, until a larger and wider experience and study taught me differently. I may state here, *en passant*, that I know that typical (innocent) tumors and intensely atypical (malignant) growths can exist together and grow in juxtaposition; this is especially true in malignant diseases of the upper jaw. I have removed the superior maxillary over a dozen times for malignant disease, and can remember in several of these cases, after the bone had been turned out, there appeared attached to the turbinated bones, and in one case to the anterior portion of the basilar process of the occipital, several polypi, true myxodematous tumors, smooth, soft and elastic.

Again, in the classification of sarcomas into the different varieties, it must be remembered that such a tumor may present a myeloid appearance (Paget) (giant-celled sarcoma at one point) the manifestations of a recurrent fibroid condition (spindle cells) at another point, and round cells at another, and still more important facts may be stated, that a truly benign growth may show typical innocent cells at one part of its substance and truly atypical malignant cells at another. This seems to be almost a paradox, yet my experience, I think, backed by the testimony of the most experienced professional microscopists, bear out the assertions.

Nearly three years ago I removed the left superior maxillary bone for a rather peculiar tumor which had existed for several years. A preliminary tracheotomy was necessary, and the actual cautery required. The specimen was peculiar, and was sent to a professed and skilled microscopist, who, in the conclusion of his report, says: "The main lobulated, smooth, firm tumors are made up of dense, firm, fibrous, connective-tissue, in which there are embedded rather

numerous acinous (mucous) glands. *This type is certainly benign.* The bases of the tumors and softer fragments adhering to the periosteum show a transition to an epithelial structure by a gradual increase in the size and number of the glandular formations and a decrease in the bulk of the fibrous connective-tissue. The softer portions exhibit lobules with numerous alveola lined with epithelia, and holding star-shaped mucous shreds so characteristic of colloid or adenoid cancer. Diagnosis: Fibro-adenoma changing to adenoid cancer.

It must be remembered also in this connection that these conclusions have been arrived at from the examination of my own specimens, tumors that I have removed myself, and have known the clinical history, both before and after operation, which conditions I claim to be of great import and entitled to some weight.

Again, with all these differences, it has been found necessary for a proper understanding and treatment of these growths, that those which infest certain tissues are materially different from those in other localities; that, for instance, a carcinoma or sarcoma of the testicle has a different life history and course from such growth in the larynx, and steps are now being taken by distinguished pathologists, here and abroad, to classify these growths so as to arrange a scheme for their treatment both medical and operative.

It may be asked, in this connection, why it happens that sarcomas, arising from connective tissue, become malignant, recur, and produce death with secondary deposits in the internal organs, and that truly innocent tumors, derived from exactly the same substance, and also classed as connective-tissue tumors, are never of themselves productive of dissolution? The explanation may be based upon one fact, and that is, that in every case, the nearer the cell-elements resemble those found in healthy adult formations, bone, muscle, fibrous tissues, fat, and nerve formations, the more innocent is the growth; and, on the other hand, the more nearly these elements resemble embryonic cell-formations, the more malignant are the growths. A tumor arising from connective tissue may grow steadily into healthy tissue, or may retrograde, or remain embryonic. In the one case, we have an innocent growth, in the other we have a sarcoma. The main difference between embryonic and adult connective tissue, histologically speaking, consists in the increased number of cells in the former and in the arrangement of the intercellular substance. The more



nearly the histological elements resemble early embryonic tissue, the more malignant is the tumor. While this definition holds good so far as the healthy adult structures are concerned (and I lay especial stress on the word *adult*), I think I may assert that there are found in the adult *pathological formations* which are nearly, if not quite, identical with that found in true sarcoma. This is especially true in the so-called granulation-tissue, which we find in the healing of ulcers and wounds. That soft, ready-compressible, and spongy, almost fungoid formations, which can readily be scraped away, bears a close resemblance to embryonic cell-tissue, and as this varies somewhat in different parts of the body, so do the sarcomas present the shades of difference which have already been alluded to.

Another difficulty in the classification arises in the fact that certain pathologists, Virchow among them, declare that parts of a tumor may be sarcomatous and other portions carcinomatous. When this combination of a typical cell-element was first presented to my mind, I wrote to a very distinguished microscopist concerning the fact, and studied myself the subject closely, for I could not quite understand why this could be the case, that is, if we acknowledge the epithelial origin of the one, and the connective-tissue origin of the other. An explanation has been attempted by Virchow (who has named these tumors *Sarcoma-Carcinomatousum*) in that the two varieties may develop at the same time from the different tissues, but I think that the condition is one more of resemblance than identity, and arises, chiefly, in the arrangement of the cells, in the one case (carcinoma), the stroma resembling a sarcoma, and in the other (sarcoma), with alveoli resembling carcinoma. Both these tumors are atypical, neither resembling fully the developed tissues which are said to spring from either the epithelial or the connective tissues.

Such a mixed form of growth might be found in the upper jaw. For here we have, in the cavity of Highmore, a complete mucous surface, from which true carcinoma may develop, while a sarcoma might arise from the bony connective tissue. This combination I have seen in more than one instance. There are certain clinical signs by which these growths may, in some cases, be recognized before an operation is performed, but, in the majority of cases, the matter is guess-work. It is very difficult, and in some cases utterly impossible, for any surgeon to say what variety of sarcoma he has to deal with; indeed, in very many cases, he (at least I) cannot say whether I have a car-

cinoma or a sarcoma or a chondroma to deal with. Take, for instance, an alveolar sarcoma (which word is in itself a misnomer), and an encephaloid cancer, in their first stages, a chondroma and sarcoma, or an adenoma and a carcinoma, and I do not think it possible to diagnose them, the one from the other. I mean while they rest in the human body. It may be quite easy when the reports on the prepared section come from the microscopist, but the microscopist himself may be very much mistaken, indeed—unless he has had sections given him from *every portion of the tumor*.

A typical variety of sarcoma is very rare. In most of these tumors, the cell-elements are mixed, and thus receive names which only add to the confusion of classification. The most pronounced varieties are the spindle-celled, the giant-celled, and the round-celled; the most of the others are mixed. Thus, the alveolar sarcoma is a round-celled growth, with an alveolar structure resembling carcinoma. The terms lympho-sarcoma, myxo-sarcoma, angio-sarcoma, etc., are used to represent varied forms of the neoplasm. With the carcinoma there is more tendency to real typical classification, and we are more familiar with the epithelioma (squamous-celled), carcinoma (the spheroidal-celled), when there is a quantity of interspersed fibrous tissue, and medullary or encephaloid, which contain a greater proportion of cells. Melanotic carcinoma, and melanotic sarcoma, are recognized by their pigment, and both are extremely fatal. It is difficult, even for the microscopist, to diagnose between them.

It would be very satisfactory if the surgeon, when called upon to diagnose a tumor in its earlier stages, could recognize the sarcoma from the carcinoma. The more precise classification may be reserved for further study and investigation. There are certain clinical signs which may assist us to a correct appreciation of the character of a growth while it yet lies in the body, and be of service in regard to prognosis. I have here tried to give a few of these as occurring in my own investigation.

1. If when a patient presents with a smooth, somewhat elastic tumor of the bones (excepting those of the upper jaw), the growth will generally be found to be sarcomatous, either subperiosteal or central, because there is no epithelial structure found in the bone.

2. When a tumor is firm, round and hard, growing with rapidity, easily movable, and occasioned by a traumatism, it is generally a sarcoma (of course, setting aside inflammatory formations).

3. When a tumor infiltrates the surrounding tissue it is generally carcinomatous.

4. When there are secondary glandular enlargements it is carcinomatous.

5. When diffuse infiltration results the disease is carcinomatous.

6. When a tumor grows rapidly, does not present the infiltration of carcinoma, and still shows some of the peculiar fungoid and bleeding formations of the old encephaloid cancer, the growth may be fairly designated a round-celled sarcoma.

7. When a tumor grows from the jaw-bones and presents the appearance of marrow, does not bleed easily, resembling often in its earlier stages a true epulis, it may be considered a giant-celled sarcoma, or myeloid tumor.

8. When a tumor is hard but fibrous, growing in the neck or groin, is smooth and exists for some time with neither infiltration nor secondary deposits, it may be pronounced a recurrent fibroid, a spindle-celled sarcoma.

9. When a tumor is hard, nodulated, with sharp, stinging pain, with a tendency to contract all the tissues in which it is embedded, and finally to ulcerate and to infiltrate but without fungoid growth, it may be stated to be scirrhus cancer. Spheroidal-celled carcinoma with much fibrous tissue.

10. When a tumor is elastic, soft, with enlarged veins running over the surface, with early glandular enlargement and rapid infiltration, with tendency to ulceration from which a fungoid growth rises, with loss of strength, it is a soft or encephaloid cancer. Also a spheroidal-celled carcinoma with great quantities of atypical cells.

11. When a tumor springs from a crack, a wart, or a small nodule in the mucous surfaces, presents to the naked eye a rough and strawberry-like appearance with tendency to ulceration and bleeding when touched, an epithelioma (squamous-celled carcinoma), may be diagnosed.

12. When a tumor grows rapidly, bleeds upon the slightest touch, is purplish in color, composed of a friable and crumbling mass, irregular of outline and bluish in color, an angio-sarcoma may be diagnosed.

13. Cachexia belongs to carcinoma.

14. When a tumor has existed a long time and still is uncircumscribed, and presents excavations without (?) and no cachexia, it is sarcomatous.

15. Pain is excessive in carcinoma; is bearable in sarcoma.

16. The sarcoma is encapsuled, especially during its innocent period. A carcinoma is not.

17. A tumor with a long benign life is generally sarcomatous, and I am persuaded that what in the olden times we used to designate as withering scirrhus often found in the breasts of aged women was a true sarcoma existing in its benign form throughout life.

The medical treatment of tumors is in many cases very difficult, simply because in the majority of cases tumors have no symptoms. I mean, of course, to exclude pressure symptoms; even certain forms of carcinoma exist in the system for years without producing any sensations; indeed it is my experience that many carcinomas are first discovered by accident after having attained considerable growth, the patient being unaware that such neoplasm existed.

How many women discover a lump in the breast while washing or in being fitted by a dressmaker, and how many persons knowing that they have some sort of a growth upon their persons have allowed it to remain in the body for years without even mention being made to the members of their own families. There are, however, certain medicines which appear to me to be curative of certain varieties of sarcoma and to exercise a beneficent action upon carcinoma. I am extremely skeptical regarding the cure of any malignant tumors, and although I have read of many, I am disposed to believe that the diseases reported were not truly malignant, and that the naked eye appearances, which are very deceptive in certain forms of tumor, were relied upon in passing judgment upon its character.

In the treatment of certain malignant growths the first medicine is Arsenic. My experience in its use has been large and I have found great good from its administration. But I have never known of its being of the slightest service in sarcoma. Its range of action appears to be adopted to both the early and late stages of carcinoma.

Dr. J. S. Mitchell, of Chicago, has lately advised not only the internal administration of the drug, but also its topical application. This medicine is probably adapted to more cases of cancer than any other and together with the chloride of Zinc is the basis of most all the cancer pastes. In my report to the World's Homœopathic Convention held in 1876 at Philadelphia, I gave a somewhat complete record of the varied medicines which have been employed success-

fully in cases of carcinoma. This was afterwards transferred to the fifth edition of my work on *Surgery*, to either of which volumes the reader is referred for more complete details, and as Dr. Hall's paper which follows this is to bear directly upon this portion of the subject, I omit further details. I, however, desire to draw one or two practical conclusions from the use of *Hydrastis*, of *Thuja*, of *Calcarea*, and of *Hemlock*, together with the hypodermatic use of the nascent Phenic acid in the treatment of these affections. I premise these remarks by asserting that in all cases the topical application of the medicine appears materially to assist the internal exhibition of the drug. Dr. Mitchell has already proven this with regard to Arsenic, and we know that the results from the applications of the varied Arsenical pastes are often surprising.

It will be remembered that in the remarkable cure of Field-Marshal Radelskey, Dr. Hartung applied the tincture of *Thuja* in water to the fungus, and also a solution of *Carbo animalis*, "burnt chops," as it was ironically called by Dr. Flaser. It was really from this fact, and the lessons taught by a gradually increasing experience strengthened finally by the report of Dr. Mitchell's cases,\* that I have arrived at the conclusion that to obtain the fullest effect of medicine upon tumors, topical applications are necessary.

As Butlin also has informed us that in order to fully understand the different varieties of sarcoma and carcinoma those growing in different localities should be studied separately, so it is with the treatment of these neoplasms. It is my experience from a clinical study of many cases that Arsenic is much better adapted to cancers of the face than to those appearing in any other portions of the body. While *Hydrastis* is better adapted to carcinomas of the cervix uteri, I cannot either agree with Dr. Bayes who considers this medicine especially effective in scirrhus. I have tried it repeatedly without good results, but have found it most serviceable in squamous-celled carcinoma (epithelioma). I administer the tincture or first dilution internally three times a day, and apply the pure tincture or powdered *Hydrastis* twice during the twenty-four hours to the part. The curative action of Marsden and McLimont's paste, which is very effectual in certain forms of epithelioma, is due in my judgment to

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\* Being a series of  
also *British J*

appeared in the *Homœopathische Zeitung*, July,  
by, vol. i., p. 147.

the presence of the submuriate of Hydrastine. The medicine for scirrhus is Conium internally given with either the tincture applied by means of compresses to the part or a Conium plaster such as is now made by Johnson & Johnson, of this city, used in the same manner. While Arsenic seems adapted better to the face and Hydrastis to the cervix, Conium has an affinity for the female breast, and is especially active in the early stage of the disease. These indications are given from a clinical and pathological standpoint, and during the treatment other intercurrent remedies will always be necessary. With regard to the medical treatment of sarcoma, I have had more good results from Thuya than from all other medicines put together. I can not be precise enough to say to what variety of sarcoma it is especially applicable. For as a rule the variety can only be determined when the tumor has been taken out of the body or the patient is dead; but I have had cases of undoubted sarcoma, one beneath the left ear, one on the back of the shoulder, one of the testicle (which ought to be spindle-celled if Butlin's remarks are true) which I have cured with Thuya occidentalis. I would not have arrived at the conclusions relating to these medicines if the patients had consented to operation, for if I have a sarcoma, especially in its early stages, I always recommend its immediate extirpation, for the earlier this is done the less likely is the neoplasm to return in loco. In these cases, all of them, the medicine was Thuja tablets (a drop of the tincture to the tablet), one of these taken three times a day for ten days. Then allow an interval of two days to elapse without any medicine and resume for ten days taking as before. During all this period, the tincture of Thuja is brushed plentifully over the growth. The Carbolic acid treatment of these tumors, sarcomas, was a long while ago introduced to the profession by my old friend Dr. George D. Beebe (one of the most brilliant surgeons in this country who made his operation for intestinal anastomoses after resection of four feet of intestine, long before the present *furore* for intestinal surgery had begun), and I think has been also used by his brother, Dr. A. G. Beebe.

The method I employ is Declat's; I inject every three or four days, somewhere in the vicinity of the tumor, 80 minims of Declat's nascent phenic acid, sometimes giving also internally Declat's syrup of the Iodo-phenique and sometimes not. The secret of success in this treatment is persistency. In some cases I have given

from 100 to 200 injections and allowed the treatment to continue over two or three years. I have never known any unpleasant effects to arise when the needle was properly inserted, and the chief inconvenience is the temporary pain occasioned by injecting so large a quantity into the cellular tissue.

Even in cases that have been hopeless, so far as any operation was concerned, I have known the treatment to arrest the rapid progress of the disease and give the patient a much more quiet life.

The question of operation in carcinoma and sarcoma has been so thoroughly discussed the world over that it is not necessary to revert to it here. Every man must form his own opinion in these matters. My own opinion is that always in the earlier (the earlier the better) stages of carcinoma and sarcoma the knife should be freely employed, and while I do not advise the indiscriminate cutting that has been advised within the past few years, and regarding which so much discussion has taken place, I do say that careful and complete removal of diseased and suspicious masses should be always attempted; nay further, I hold that a surgical operation should be performed, if the patient can be relieved of suffering, even without hope of cure.

Those who reason in the abstract against operative interference in advanced malignant diseases, I do not think can be aware of the terrible suffering that continues day after day, in these cases only partially smothered by massive doses of morphia, which, by its reactionary effects, only increases the misery of the patient, by adding to his already broken-down body many distressing symptoms of gastric and intestinal disturbance. In these times of comparatively painless operating, when a single dressing suffices for many days, when the patient is not disturbed by frequent examinations or distressed with offensive odors, when the gentle manipulation taught by professional nurse-training takes the place of the supposed-to-be-necessary rough handling and brusque manner of the nurses of a quarter of a century ago, surgical operations are deprived of their terror. The traditional horrors of the knife and the surgeon are lost. These moral considerations themselves, often the most forcible arguments urged against the performance of operations, being combated, the patient will often beg to be given the opportunity for relief, and the surgeon will be led to acquiesce in the proposal.

I have often asked myself, when called to decide as to operative

measures in a distressing case, "What would I have done to myself under similar circumstances?" and knowing what I do, and seeing what I have, I candidly say that I would far rather take the chances of death within a day or two than to continue living in pain for a few months longer, with my body loaded with narcotics and painfully dying by inches. It seems to me that humanity itself demands surgical interference in such cases.

#### DISCUSSION.

J. H. McCLELLAND, M.D. : I hope you will all remember that this paper is the product of Helmuth's own experience; and I trust our representative from the Republican empire across the way, (Dr. Hughes) will not feel shocked when we refer to our Helmuth without a title—but we do not say "General" Wellington or "General" Napoleon. Therefore, as I say, this paper is the product of Helmuth's own ripe experience. I think it is Cæsar Hawkins who has so epigrammatically said, that "every pathological product has its physiological prototype;" in cell-formation it is patterned after one of the normal tissues, but it is normal tissue out of place or heterotopic. Then, it may be immature or of fetal cell-formation (some sarcomas), and this also adds to the malignancy. It would seem that the organism resents the intrusion of tissue out of its place with *malignant energy*.

A cancer, the type of which is the epithelial cell, is not so malignant when located in the skin, because it is more in its own place. The sarcoma is malignant because heterotopic, and very malignant because it is embryonic. These sarcomas are wonderful formations, in that they invade to such a wonderful extent, connective tissue. This peculiarity has suggested to my mind a case with which Helmuth, himself, is familiar, having passed upon it; a case of sarcoma of the thigh, upon which I operated. It proved to be a sarcoma not only, but that mass which seemed to be of the size such as one could grasp with the hand under the thigh, extended up the connective tissue, the sheaths of the muscles and tendons, nearly to the hip and down into the popliteal space, along the sheaths of the tendons, and altogether was an exceedingly difficult thing to remove. It conspicuously illustrated the facility with which that variety of growth does pursue connective tissue. Now, these distinctions in pathology might at first sight seem to be unnecessary from a clinical standpoint; but they are exceedingly useful because they determine the course of treatment to be pursued either surgical or medical. We know if we can diagnose a certain kind of cancer the more quickly an operation is done the better; and we know if of another variety we may take our time as to the operation and give more time to



other curative measures. As to the curability of some of these cases I quite agree with the author that the tissue-remedies are likely to be the only ones that will prove of value—the arsenical preparations especially, and I have had better results from the iodide of Arsenic and Silicea and Calcarea than any other class of remedies. I know of the use of the acids, the acetic acid, and perhaps our friend from Cincinnati, Prof. Owens, can give us his experience with the acid in stomach cancers. It may be somewhat interesting to relate two cases of supposed cancer of the liver. Two years ago I went to see a case where there was an indurated mass in the region of the liver which had been pronounced cancer by four or five excellent surgeons. There was great suffering and the family wished to try further and I was applied to. I said at once if it is a cancer of course I can do nothing, but the patient may be relieved, and as we cannot see the mass, it may prove not to be cancer, which would give a chance for recovery. I placed that case on iodide of Arsenic, and those large lobulated masses in the course of two or three months entirely disappeared, and I got great glory for having cured a cancer. I, however, insisted that I was poor but honest, and the recovery simply proved that it was no cancer. Now within two blocks of that case there was another case almost identical, and the same surgeons had been called in and made the same diagnosis, but with exactly the same treatment that case also got well; it was a most remarkable coincidence. Now in the same valley, within half a mile, there was a third case very similar in appearance. This was all within two or three months, and I began to feel elated with my previous experience and hoped for a continuance of my luck. I placed that third case on iodide of Arsenic and it promptly died. It turned out on post-mortem to be a real cancer. I used the iodide of Arsenic in the third decimal trituration.

S. R. BECKWITH, M.D. : I gladly admit my incapacity to add to or justly criticise the paper of Dr. Helmuth. Its differential pathology clearly leads us to practical conclusions of great importance in the diagnosis of malignant tumors. He has demonstrated by his own careful observation through a long and extended experience that more especially in the early stages of the growth of malignant tumors, a portion of the growth is benign. Here we find a ready explanation for many errors in the diagnosis of cancers over other malignant growths. In the case of Emperor Frederick, the microscope furnished no evidence of cancerous cells when a portion of the tumor was examined, while on another specimen the cells were found. In one part of the growth nature had caused a healthy deposit. When it was removed and examined a favorable diagnosis was the result. And the converse, when a malignant portion was removed. The lesson we have learned is that in these tumors there is health, disease and their mixtures. That like weeds and corn they

grow together and the weeds grow wild on poor soil and without attention until the corn grows no longer. The lessons of and teachings by nature are the best of all. In the wondrous and ingenious construction of man, his health, his sickness, is prototyped in nature. The physician who lives in the country, learns practical lessons from the woods, flowers, and grass of greater value than he who only sees walls of brick and stone in a city. Like other early surgeons of our school, I have many times consulted with physicians in the country. There I very often found that even young men of limited experiences have simply dug out of their brains more golden thoughts of correct diagnosis and good sound treatment, than I ever met in consultation with more eminent men who spent their lives among books and stone walls.

The second subject in the paper was differential diagnosis of malignant growths. Here I cannot add anything or take anything from it.

Next was the treatment. He has gone all over the ground, told many things I never knew before, and so far as I am capable of judging, has exhausted the materia medica of its useful remedies. The British Homœopathic Society may feel justified in rejecting Dr. Helmuth's papers because as it states "homœopathy was not mentioned." But now it cannot be otherwise than instructed by the homœopathic treatment in this paper.

Fair criticism is the best evidence of friendship and nothing would please me more than an opportunity to criticize Dr. Helmuth's papers. Here he has not furnished me that gratification.

JOHN H. HENRY, M.D.: This is a subject of vast importance to us all. I have made cancer a study for twenty-five years and I hope I may be able to bring before this association some experience that is not generally known to the profession. I have upon several occasions through our journals called attention to the remedies I have used in the treatment of this disease. I look upon the genesis of cancer as a disease of the glands and blood, and I treat it as such. The remedies are anti-psoric and vegetable—Arsenicum, Mercury, Hepar sulph., Aurum, and air plants. I use them not alone but in combination with our vegetable remedies. I contend chronic diseases can only be cured quickly by combined remedies. I always use my antipsoric, Sulphur, and others in the thirtieth of Hahnemann. Phosphate of lime, which I failed to mention, is one of the grandest remedies in cancer. I use it as a local remedy and as an internal remedy and I have used this remedy for the last twenty-five years. I have found oxalic acid to be the only local remedy that has produced any effect in destroying cancer, and that must be combined with caustic potash made from the ashes of red oak bark reduced to a powder and placed upon the cancer which destroys most any growth that is known to be scirrhus or cancerous. I wish

to state the remedies from the vegetable kingdom for cancer are to be found in the fungoids, cactus, and air plants in general. As stereotyped as these expressions may be, if you will study this series of plants or vegetables you will find something that will repay you in the treatment of all of such chronic diseases as cancer, syphilis, scrofula, and tumors.

**WILLIAM OWENS, M.D. :** As to Acetic acid. Some eighteen years ago I commenced the use of acetic acid in the treatment of cancer, observing the pathogenesis in the drug, and while I gave it then in appreciable doses I discovered injurious effects. I found that to make a local application of a four per cent solution was in many cases too irritating, so I used the two per cent. solution of acetic acid—No. 8 of the drug stores; and gave internally from four to ten per cent. solution. A large number of cases, I cannot tell you the number now without referring to them through my books, have been cured of epithelioma by this drug and several cases of extensive ulceration of parts with all the appearance of carcinoma nodulated and offensive odors, including those of the cervix uteri, and of the breast, and of the face—a large number have been cured—that is, there has been no return of them; several of them have been well twelve or fifteen years and no indication of return. Within the past year there have been three cases entirely removed by this treatment. I have used the iodide of arsenic in one or two cases in which there was a great deal of burning in the ulcer; after it had been opened the atmosphere seemed to produce a great deal of irritation and burning, and the iodide of Arsenic did very well. Now do not expect changes too soon after the use of the acid. Keep the part constantly moist with this solution, if it is in a part that can be seen and handled, and keep on giving the stronger solution, from four to ten per cent. internally at intervals of from four to six hours; then you will see results coming on gradually in from two to three weeks and in three to four months they will be quite satisfactory; and it may take a year or more to entirely remove the cancer. One case of lip-cancer was under treatment eighteen months, and it is perfectly well to-day, leaving no cicatrix. I believe this drug has a pathogenesis of what is known as the elongated cancer cell.

**J. E. SAWYER, M.D. :** In regard to cancer, I have under my treatment now a cancer of the left breast, in an aged maiden lady, which has been growing about two years. She kept it to herself for a long time, and only a few months has she made it public. The breast was very much enlarged. It has this red blush that the Professor speaks of and the ulcerated edges, and at times she would suffer with excruciating pain. I endeavored with all the persuasive language that I could use to have the breast amputated, but the lady would not consent. Then I tried to reduce the pain and have her

live in comparative ease through the remainder of her life. I studied the case thoroughly and got the indicated remedy. I began giving it. It seemed to indicate Belladonna to a great extent and I gave that remedy first in the lower attenuations. She would receive ease for a certain time, and then it would seem to lose its effects. I would go higher; I commenced with the third and sixth, and then went to the thirtieth; she would get ease for a time, then it got worse again. I had some of the ten-thousandth at hand. I gave her a few doses of that attenuation, and in a few days after that she cautioned me to be sure not to forget the name of the last remedy I gave her, because it gave her almost instantaneous relief. It has to this day given her prompt relief of that pain and I know I can help her with that remedy. And also in other cases when I have gone to those higher attenuations I have invariably received marked benefit. As the result of this experience my advice would be when you get hold of this class of cases, that you can't get rid of by surgical operation—where the patient will not submit to operations, I mean—don't fail to go up higher and you will relieve your patient and receive their gratitude to their dying day.

DR. FISHER, of Montreal: I would like to call the attention of the medical men present to the use locally of cranberry in cancer. My friend, Dr. Miller, living in Montreal, had a case which appeared really to be mammary cancer. He had tried several things without any beneficial effect, when his attention was called to cranberry empirically and he used it—applied it as a poultice; and the lady to whom he has applied it, is still living and rather better than worse. Consequently I think it would be certainly well to keep it in memory in case of need. There is another case which occurs to me which may be instructive. Some years ago I was called to attend a patient, a relative of mine, who had a swelling in the breast which was pronounced to be by an allopathic surgeon, fungus hæmotodes, and he, being also a relation of mine, said it must be amputated; consequently there was nothing for me to do, and so the allopathic surgeon removed the breast and the immediate result was satisfactory; but some little time after that the patient had all the symptoms of tubercular consumption and finally died, and a post-mortem revealed both lungs permeated with melanosis. It was evidently a translation of the malignant disease from the breast to the lungs.

*INFLAMMATIONS OF THE RIGHT ILIAC FOSSA.*

By WM. B. VAN LENNEP, M.D., PHILADELPHIA, PA.

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IN looking about for a subject to present to the International Congress, I have chosen the inflammations of the right iliac fossa as of vital interest to the practitioner as well as to the surgeon, and therefore calculated to bring out general discussion. Besides being the surgical topic of the day, it is pre-eminently an American one, our present knowledge of these morbid conditions being largely drawn from post-mortem observations and, more particularly, from operative work on this side of the Atlantic. To me it is of especial interest, not only as belonging to the field of abdominal and intestinal surgery, but also because it has developed during my professional life.

What are the inflammations met with in the right iliac fossa? Excluding typhoid, and occasional lesions originating in the female appendages, we have a class of diseases anatomically divided into typhlitis, peri-typhlitis, para-typhlitis and appendicitis. This multiplication of terms is confusing and unnecessary, as in diseases about the uterus and appendages, so that, for practical purposes, they can be reduced to one, *i.e.*, appendicitis, the principal lesion, in almost every instance, being found in this apparently superfluous portion of the human economy.

A word concerning the pathological appearances observed in this organ may not be out of place. Primarily they consist in a catarrhal inflammation of the mucous membrane, frequently from extension of a similar process in the cæcal pouch or the neighboring ileum. The first result is a narrowing of the lumen with a consequent retention of discharges giving rise to the complexus of symptoms to be described further on. Later, as in all inflammations of a narrow mucous tube, inflammatory tissue develops in and under the mucous membrane and, by its inevitable contractile tendency, produces permanent stricture. On the subsidence of the acute or

subacute aggravation, if the stricture is not tight, all symptoms may disappear, only to be reawakened by an inflammatory turgescence sufficient to occlude the lumen. In this manner recurrences are usually produced. Ultimately this contraction may become so complete as to cause cyst-formation beyond it, the mucous membrane being destroyed by distension or contraction of scar-tissue.

This same catarrh and stasis favor the accumulation of inspissated mucus, which, mingled with fæcal matter, forms the well-known concretions. These bodies have been shown to be, not the proverbial grape-seed, etc., but hardened fæces and mucus, arranged in successive, concentric layers. In some instances a stasis with distension in the cæcal pouch may so open Gerlach's valve as to favor the entrance of foreign bodies. Such foreign bodies constitute about 4 per cent. of those met with in the appendix, Matterstock finding nine in 146 cases; Krafft, four in 106. In a case recently operated, the concretion was found to be made up of quantities of strawberry seeds held together by mucus and fæcal matter.

The further history of the morbid process consists in a spread of the inflammation to the other coats of the organ. This may be brought about by ulceration (catarrhal, tubercular, typhoid, etc.); by pressure, or inflammatory gangrene, by continuity of structure, or, as claimed by some, by migration of intestinal microbes after the mucous membrane is destroyed (Copeland). As a result the organ is enlarged, its walls much thickened, or thin where ulcerated or dilated, and it presents the different appearances of inflamed or cicatrizing tissue. The involvement of the peritoneal coat, and especially impending perforation lead nature to throw about the focus, coils of intestine and cause the ever watchful omentum to pounce upon the threatened leak. This conservative process is a local, adhesive, appendicular peritonitis; but this very safeguard may, under certain circumstances, hasten the progress of the disease by causing a flexion in the organ which amounts to a stricture.

CASE.—Recurring attacks of the usual kind. Abdominal section showed the tip of the appendix to be attached by old adhesions to the side of the cæcum, producing an occluding flexion, beyond which was an abundant cystic accumulation. The "catarrhal" inflammation had reached the peritonæum and caused an adhesion, which, in turn, produced a stricture. This increased the severity and frequency of the attacks and necessitated an operation.

Perforation usually takes place, 1, from an ulcer in the *cyst* already referred to; 2, from sloughing due to the pressure of a concretion; 3, as in one of the above varieties, with more or less general gangrene of the organ, acute and inflammatory in character. In the protective adhesions the stercoral abscess develops, or, in their absence, it invades the free peritoneal cavity. It is hardly necessary to add that these abscesses are always primarily intra-peritoneal—a local, adhesive and then suppurative appendicular peritonitis—but they become practically extra-peritoneal on account of the occluding adhesions. They may then work downward; even to the rectum or bladder; directly forward; outward, toward the lumbar region; through the adhesions into the abdominal cavity; through its coats into the cæcum; or backward into the retroperitoneal connective tissue (or that of the mesocolon or mesentery), whence they may burrow downward toward Poupart's ligament, or upward even as far as the pleural cavity.

CASE.—Ordinary history of appendical abscess, with partial subsidence of the symptoms. When seen, was suffering from pleuritic effusion and septicæmia. Incision revealed an enormous pus-accumulation of an intensely characteristic odor.

On the other hand, in the absence or from the insufficiency of the adhesions, there may develop a more or less extensive purulent peritonitis, fulminating and general when a considerable quantity of septic material rapidly escapes, or progressive (Miculicz), when a small quantity of the poison escapes, setting up the first of a succession of localized foci of suppuration, each more or less shut in by adhesions. Of course these two forms may develop subsequently to the formation of a localized abscess, from the rapid or slow escape of its contents. Unfortunately these are too frequent terminations of the disease, Weir having found, in 100 autopsies, peritonitis 57 times, abscess 35 times, and, of these, secondary peritonitis 13 times.

CASE.—Patient, after many recurring attacks, developed a *smoking* peritonitis, or, better, a septic condition with exacerbations, ending finally in an unmistakable picture of septic peritonitis. Abdominal section showed general suppurative inflammation and a number of more or less firmly encysted pus-accumulations, the origin of the trouble being a perforated appendix.

CASE.—Child, with weakly protected appendical abscess below

and inside the cæcum. Rupture of this had resulted in sudden collapse, quickly followed by death. A universal septic peritonitis was developing when the section was made, the contents of the abscess bathing the pelvis and lateral gutters.

There is another, and, fortunately, a common termination of this disease, *i.e.*, resolution, more or less complete. Tofft, in 300 autopsies made at random, found remains of appendical disease and adhesions in 35 per cent. This shows also the frequency of these troubles. Shrady reports an interesting case: A physician had suffered from recurring appendicitis, the attacks being so severe that operation was seriously considered. After death from other causes, the appendix was found to be perfectly healthy. We all meet with cases which get over severe attacks and remain well for a greater or less length of time. These are undoubtedly instances of catarrhal inflammation without permanent or organic changes, temporary kinks or bends, and when, post-mortem, lesions are found, the stricture was not complete, or was not made so by inflammatory turgesence, and concretions did not form. There seems but little doubt that a very large proportion of appendices are more or less diseased and that the majority recover.

Without entering more fully into the pathology of this disease, it may be worth our while to draw some conclusions from what has been said. The study of appendical lesions has cleared up much that was in doubt concerning abdominal disorders. This is now known to be a common disease, very remarkably so, as already shown. Idiopathic peritonitis is a thing of the past, and it is recognized that suppurative processes within the abdominal cavity depend upon traumatism or visceral perforation. The large number of cases hitherto sent to their graves with the certificate of peritonitis, gastritis, gastro-enteritis, enteritis, colitis, bowel obstruction, etc., etc., are now found to be very largely made up of inflammatory processes in or from the appendix vermiformis (J. W. H.) That these inflammations deserve our most serious consideration is proven by the statistics of Fitz and Stimson, which place the mortality at 26 per cent. and 25 per cent. respectively.

The question of the formation of protective adhesions is an interesting and important one, and their presence or absence is of the greatest prognostic value, especially as regards treatment. It has been claimed that a frequent recurrence of attacks increases the prob-



ability of such adhesions and decreases the possibility of general peritoneal infection. My observations have led me to an opposite conclusion. Those cases that I have operated for relapsing appendicitis have shown that where so-called catarrhal inflammation (stricture, cyst-formation, ulceration, threatened perforation) has been the cause of the attacks, the adhesions were scanty or weak. This, too, I find to be frequently noted in the reports of cases. Again, where septic peritonitis had or was about to develop, attacks have been numerous, and the appendix often presented the characteristics of a preceding "catarrhal" inflammation. On the other hand, where a concretion was present and threatened perforation, adhesions were usually abundant. Furthermore, in every case of localized abscess I have operated, I have never failed to find a concretion, and a mass of clinical reports tend to bear out this assertion.

CASE.—Age 35; had had *about* forty attacks; laparotomy showed diffuse, septic peritonitis; appendix gangrenous, and perforated near the tip throughout the "cyst" wall; no adhesions; no concretions.

CASE.—Child; subject to "colic" and constipation; appendix hanging over into the true pelvis; feeble attempt on the part of omentum to shut off the abscesses; no concretion; tip of appendix dilated and perforated.

CASE.—Operated during quiescence; numerous attacks, cannot remember how many; appendix enlarged and thickened; stricture near the tip; cyst beyond and threatening perforation from an unusual single adhesion to cæcum, in which the abscess was just beginning to form; and "pouncing" attachment of the omentum.

CASE.—Same operation. Very frequent attacks; appendix enlarged and long; stricture and cyst as above; threatening perforation near the tip; very weak adhesion to the peritonæum of the iliac fossa; large concretion on the proximal side of the stricture; very extensive intestinal and omental adhesions about the latter.

While this may savor of coincidence, although I could cite many instances, and there are cases to show that concretions *may* cause perforation without any adhesions, yet the observation has made a deep impression on my mind in connection with the question of operative treatment in so-called simple catarrhal cases. I may be allowed to anticipate the question of treatment and state that, bearing these facts in mind, we should be suspicious of recurring cases where

tumor persists, especially if an enlarged and sensitive appendix can be made out; while, on the other hand, the persistence of a tumor would favor the hope that should perforation occur a localized abscess will result.

Another point deserves consideration, namely: is the perforation and abscess formation, with subsequent healing, a guarantee against a recurrence of the trouble? Undoubtedly not, in a certain number of cases. If, during the healing process, cicatrization completely obliterates the appendix, a cure may result. If not, relapses may be looked for.

CASE.—Patient has suffered from attacks, which were undoubtedly appendicitis, all his life. Thirteen years ago, he had an abscess called hepatic, which discharged in the loin a quantity of pus of an intensely fecal odor. This healed up. Attacks recurred frequently, until recently a second abscess formed, which was evacuated by section through the right linea semi-lunaris.

I have a number of cases under observation in which recurring attacks, after an abscess, show that the presence of the appendix is the cause.

Still another point should not be overlooked, *i.e.*, the tumor. If adhesions form, or an abscess develop, the tumor is produced by them, but its presence is difficult to explain in cases in which subsequent post-mortem examination reveals no adhesions, in which the tumor disappears after the attack, leaving nothing palpable beyond, perhaps, an enlarged and sensitive appendix. It has been stated that the tumor is due to a distended cæcum, colon, or lower ileum, intestinal stasis being a concomitant of the attacks. But, it is as clearly defined as in cases in which it persists, the increased size in the latter during attacks being undoubtedly due to its intestinal paresis. It has occurred to me that, in the remarkable intelligence of the omentum and intestines in attempting to shut off localized inflammation, we have an explanation of the phenomenon; with the exacerbation there is, at least, a temporary turgescence of the whole organ, and, it seems reasonable to infer, that the intestinal coils and the omentum rush to the rescue, and hover around awaiting an inflammatory exudate to glue them to the spot. Finding none, they retire as the attack subsides.

Clinically, the picture is now a familiar one. The patient, usually a child, adolescent, or adult under thirty-five, and of spare habit and

bilious temperament, is suddenly taken with abdominal pain. This, as in all obstructive, and many inflammatory, abdominal disorders, is referred to the epigastrium, or it may be, or become, general, or even left-sided, but, sooner or later, it settles in the right iliac fossa—sometimes not until the subsidence of the symptoms, occasionally not at all. It is apt to extend into the thigh, genitals, or bladder, when dysuria will be present. The attack is usually attributed to an indiscretion in diet, exposure to cold, or over-exertion. Associated with the pain are vomiting, heavily-coated tongue, obstinate constipation, and tympanites—a combination often closely simulating bowel obstruction, and occasionally amounting to this. There is also a rise in temperature, increased pulse rate, mental distress, often extreme, and some prostration. Right iliac tumefaction or muscular rigidity, drawing up of the right thigh and a disposition to keep quiet, are pretty constant symptoms, although the latter may be supplanted by excessive restlessness. Besides the abdominal pain there is tenderness, sometimes exquisite; like the former it varies in location, especially when elicited by pressure with the whole hand, but, thanks to the painstaking observations of an American surgeon, we have a pathognomonic sign in “point” pressure at the “McBurney spot,” that is, about two inches from the anterior superior spine of the ilium, on a line drawn from it to the umbilicus; roughly, this may be placed at about one-third of the distance from the former to the latter. This point corresponds to the base of the appendix approximately, and I have been able to corroborate the observation in every instance with but slight variations.

In the majority of cases, these symptoms begin to subside in from twelve to thirty-six hours, and gradually disappear, the iliac tenderness often persisting for some time longer. In a general way it may be stated that a furious onset, an early (first day) and distinct tumor, with sthenic systemic disturbance and absence of collapse or sepsis, usually mean recovery. The same holds good in most first attacks and many mild ones. It should be borne in mind, however, that neither the number nor the severity will serve as a positive criterion of the termination to be expected. Another factor is age. I have seen patients of sixty suffering from probable appendicitis, and in every instance recovery followed, without recurrence, in those over forty. The exceptions have been in relapsing cases, which began before the fortieth year. Persistence of tumefaction indicates adhe-

sions or encysted pus, and this, as well as a tender appendix that can be felt, give promise of subsequent recurrence. Recovery is usually complete, especially after first attacks, and the patient is free from inconvenience permanently, or until the next sudden seizure. (According to Fitz, 44 per cent. recur.) After a certain number of relapses, however, there remains a sensitiveness or constant pain in the right iliac region, aggravated by exercise, torpid bowels or indigestion. Ultimately, the general health suffers, the patient losing flesh, becoming more markedly bilious and even cachectic. To this is added mental depression and anxiety, developed by the continual reminder of impending suffering and danger, until life seems hardly worth living, and patients ask for relief at any risk.

Other cases after a partial subsidence of the symptoms will remain "sick," the temperature will again creep or shoot up, the tumefaction will increase in size, until a more or less complete picture of septicæmia presents. This indicates the formation of a localized abscess, which will show itself by a well-defined tumor in one of the various locations.

Again, either early or late (that is, after the development of the abscess), we may have the sudden appearance of a condition of collapse. This means diffuse, septic peritonitis. Temperature, tenderness, and even peritonitic pulse are of little or no diagnostic value in these cases, the picture of prostration, with the previous history, being the diagnostic points. On the other hand in progressive peritonitis the septic picture will continue, with no increase or subsidence in the original tumor if present. The temperature is erratic, the pulse unreliable, the patient at times even appearing quite strong. But the symptoms on which I would lay most stress are, slight general tenderness with here and there sensitive spots, among them McBurney's point, and an intense and agonizing pain on the induction of any peristaltic action, with more or less complete coprostasis and projectile vomiting of everything taken. A similar picture is often seen in bowel obstruction, but fortunately either condition calls for prompt laparotomy. In a case operated a few months ago this was well exemplified: absolute constipation, vomiting of everything taken into the stomach; pulse good; appearance good; temperature erratic; moderate but increasing distension; slight general tenderness, which was very marked at several places, among them "McBurney's spot." An enema of glycerine produced pain of

the most excruciating character. Section demonstrated three distinct purulent collections, one of them containing a perforated appendix.

This brings us to the practical life-saving conclusion, how are we to treat cases of appendicitis and when should we operate? Given a typical attack, the first indication is bodily and mental rest and appropriate medication; the second is to relieve the vomiting and the intestinal stasis, and unload the large bowel; the third is careful and intelligent medical and surgical observation. The first is met by the exhibition of drugs and good medical sense, and this requires no further reference in a paper that considers the surgical treatment besides I have assurance that medical therapeutics will be ably attended to in this discussion. Intestinal stasis and particularly that of the large bowel is best relieved by enemata, preferably moderate ones of glycerine. Just as I am fearful of opium, given as a routine pain-splinting drug, on account of its masking tendency, so I would fear the administration of purgatives because they primarily cause increased peristalsis of the small intestine and thereby tend to tear away the protecting coils of gut. A mild glycerine suppository or an enema of water will unload the large bowel, and that alone and motion in this part of the intestinal tract will rarely jeopardize adhesions. Vomiting is best combated by entire abstinence from food and drink. In rare cases it may be necessary to resort to rectal alimentation and enemata of warm water or to practice lavage of the stomach. Pain is to be treated by absolute rest and application of cold to the right abdomen. Poultices I abhor in any case, as they are certainly inferior to cold here. With increased comfort and reassuring words the mental condition will be very much improved.

These cases should undoubtedly be watched by the physician and the surgeon together. It is unfair to the latter to call on him to decide the very delicate question of operation, at, perhaps the moment, or after a single, hasty examination. It is unfair, too, to the patient to get an operative opinion, if I may use the term, when everything else has failed and there remains but a choice between the surgeon and the undertaker. It is in just such cases, when clearly, that a consultation truly deserves the name, and they should be studied by the physician and the surgeon together; the restraining perhaps, the other urging until by their combined observation the "accepted time" is seen and a life is saved.

The next question is, when should we operate in these cases



This is the great stumbling-block, and cannot be answered in black and white, or by the formulation of any hard and fast rules. Just as the master diagnostician at a glance, apparently, jumps at the correct conclusion, just as the master prescriber may *see* the drug as he looks at the patient, so here experience and careful observation alone can give the power to select the operative moment in each case. However, there are data by which we may be guided. Fortunately, attacks of appendicitis are usually short-lived, and operations, although occasionally necessary in twelve hours, are rarely indicated before the beginning of the third day, but every case running over twenty-four hours without abatement should be viewed with suspicion. If in an attack the symptoms are observed to steadily increase for one, two or three days, and, especially, if at any time, signs of peritoneal inflammation or sepsis show themselves, operation is imperatively called for. Persistence and increase of vomiting, tympanites, temperature, and particularly, the local tenderness are symptoms pointing to operation. *Cedema* of the right abdomen, when made out, is an important indication of pus-formation (Keen). In a general way, surgical treatment is called for in five-eighths of all cases (Fitz). If, after the usual subsidence of the symptoms, an aggravation develop, and, if this be associated with a tumor or symptoms of peritoneal infection, operation should be again considered. In the latter instance it is imperative, the only contraindication being extreme collapse; in the former, the location, the probability of firm adhesions, the direction in which the pus may point are all to be considered, and may warrant a delay. The fact cannot be too strongly emphasized that any localized abscess, however well protected by adhesions, is a constant menace to life.

In cases of relapse or recurring attacks the question is still more difficult. My own convictions are that if there is no tumor between the attacks, but an enlarged and tender appendix can be felt, and it must be enlarged to be made out, the patient is in constant danger. If a distinct tumor persists, the patient is in less danger of primary peritonitis, but an abscess can sooner or later be expected and, in fact, is present in a large number of cases, according to the observations of Kraft, who found encysted pus in 84 out of 106 cases where adhesions were present. The deciding points in either case would be sensitiveness and pain, or interference with the general health and pursuit of business between attacks. Given

one of the former conditions, plus the latter, I should not for an instant hesitate to recommend and even urge operations. The mortality in such cases, has been, in my hands, *nil*, and statistics point the same way. The benefit derived from the operation is marked, and, so far as can be judged from the more or less recent character of the recorded cases, permanent. This, too, even when the appendix has not been removed but its patency restored by breaking up the adhesions (Traves). It is worthy of mention that those cases alone die in which perforative, septic peritonitis has supervened, and even here an occasional patient is snatched from death by this almost *post-mortem* abdominal section.

#### DISCUSSION.

J. E. JAMES, M.D. : I am sorry that Dr. Van Lennep didn't have a moment left to give us his conclusions and tell us when to operate; that, probably, is the practical point of the case and of deep interest to us all. I take exceptions to very little he has said, except, possibly, an impression that some may receive, that appendicitis is about the only trouble that we meet with in the bowels, giving us somewhat that character of symptoms and needing surgical or medical treatment. My experience, I find, has been a little different; it doesn't follow out the general experience of some of my friends with whom I have consulted and with the books. I have seen comparatively few cases of appendicitis as compared with the number of intussusceptions, obstructions, or localized troubles in the small or large bowel. I say in that I think I have been a little odd as comparing the number of them. Having observed a good many cases, my own experience has led me to believe this: not to be too hasty in our surgical work upon these cases. The exact differential diagnosis between intussusception complete and intussusception that doesn't completely obstruct the bowels, is not so clear that we can cast all of the latter on to appendicitis; at least, our post-mortem results do not verify it in these cases; so that medically, or better than that, probably—for it is hardly due to medicine administered alone, though none reject the attempts by the remedies locally and generally, but a thorough cleansing of the bowel before entertaining operative notions about it; and I am not content with depending alone upon glycerine enemata; something more than that, in a great majority of cases, is necessary. I have been nearly fooled upon several occasions, not fatally to the patient, but so much so as not to allow myself to depend wholly upon the glycerine suppository or the enema given by inexperienced persons. I very much prefer, and have never seen any evil results from large enemas of quite warm water, just as much as the patient can contain, and a little

more if you can get it in, patiently persistent, with the patient in a position, shoulders lower than the buttocks, and rotated, if necessary, and without special force, but so as to distend the entire colon, if possible, thus relieving the symptoms, and none have been followed by any inflammation in consequence of its use. My own judgment is, that the time for surgical treatment is a little difficult to set; but when needed it is like the Texan's revolver, when the time comes for its use he wants it at once, hence we should be prepared for it; but, as I say, just when that time comes, no hand and foot rule can be made. I think this rule can be laid down, that you must be certain that the lumen of your bowel is free, then you can afford to watch and wait before resorting to surgical procedure, even in a grave case, unless peritonitis or suppuration takes place. In these cases of recurring attacks, when they have occurred two, three or four times, do not risk the patient's life, but give him a chance of being cured by removing the useless thing, preferably between attacks; it is of no use to us, and it seems a mistake to have left it there. As to medication, I suppose the stereotyped answer of the student to every question having reference to homœopathic practice, when to give a certain remedy in disease is when it is indicated, will answer here also. There is no specific for inflammation of the appendix nor of the cæcum. I think the doctor ought to finish reading his paper that we may know his conclusions as to when to operate.

W. B. VAN LENNEP, M.D.: In answer to Dr. Helmuth, I would say that the time for operation may vary from twelve hours to two weeks; any hour during this period will be the "accepted time," according to the indications given in the paper. As regards the difficulty in finding the appendix, I suppose he has reference to some recent published reports of such cases. I have been fortunate, probably, in meeting with cases that did not present such difficulties. By carefully wiping and pressing apart adhesions, binding up vessels as they bleed, or stitching oozing surfaces; by following the anterior bundle of muscular fibres on the cæcum, the appendix can usually be reached. Perhaps, if I had done this, I might have had the difficulty referred to by Dr. Helmuth.



*SURGERY OF THE SPINAL CORD.*

BY DE WITT G. WILCOX, M.D., BUFFALO, N. Y.

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AWAY back in the early surgical days, when Ambrose Pare showed his colleagues what could be accomplished by independence of thought and daring but skilful execution, we find that same surgeon recommending that in fractures of the vertebra the surgeon must, if possible, attempt to extract the compressing bones by incisions.

Chopart and Besault speak of it as trephining between the transverse and spinous processes to raise the depressed bones or allow a free escape of effused fluid. Dr. James, of London, in a medical dictionary of 1745, uses these words; "If the spinal marrow is injured, death follows inevitably. Though, as it may seem cruel not to attempt the relief of one under those unhappy circumstances, the surgeon should lay the injured part bare by the knife, and elevate the fragments which press upon the medulla in a proper manner, or when they are loose to extract them. Then let him cleanse them thoroughly and apply balsamic medicines, using the napkin and the scapulary. He must continue this until the wound heals or the patient dies." But thus far the operations upon the spine had only been recommended. There are no records of its having been done. Not until 1762 M. Louis, a French surgeon, attempted the work. The captain of a French regiment had been paralyzed by a gunshot-wound of the back. Louis, with the aid of M. Dupleis, made an incision and removed the fragments of bone. In the record of the case they speak of the indications of the trephine, even where there is not a fracture, to allow the free escape of blood. His patient made a full recovery, being able to walk perfectly, an indication that the paralysis had also been overcome. Passing on to 1814, we find a record that the younger Cline was really the first to perform the operation understandingly, and, although his patient died, he showed the practicability of such an operation. His reasons for operating

upon the spine were exactly the same as those for trephining the skull in depressed fracture, namely, to raise the offending piece of bone and relieve the pressure. This operation of Cline's attracted much attention in the surgical world, and resulted in the usual bitter personality that has so conspicuously adorned the honored members of our profession when one dares show his originality of thought or action. However, Sir Astley Cooper said of it: "Though I may not live long enough to see the operation frequently performed, I have no doubt that it will occasionally be performed with success." The next operation of any account in this region was that of Dr. Robert McDowell. He trephined through the transverse processes of the twelfth dorsal vertebra, resulting in the healing of an old bed-sore, the disappearance of a chronic cystitis, and the return of power over the bladder and rectum. In 1869 Dr. Thomas Nunnely, in an address before the British Medical Association, said he regretted that so many surgeons had a prejudice against this operation. He was inclined to believe that such a position had come from submission to habit or from traditional authority, which we all well know, even in the present day, plays so important a part. For instance, the physician is just as careful as ever not to inject any air into the veins of his patient when giving a hypodermic as were his grandfathers; yet he may be perfectly well assured that a little air in the veins is not so fatal after all,—simply "traditional authority." Nunnely reported four cases—two recovering—and reviewed thirty-three others of fracture in various parts of the spine. In these, life had been saved in three cases; considerably prolonged in three others. In many others, general improvement had resulted. From the standpoint of a neurologist, Brown-Séquard thinks that death after fracture of the spine is more usually due to the irritation of the cord by pieces of bone than to partial or complete section of this great nerve. He quotes cases to show that complete section or crushing of the cord does not cause death, and that in animals death is rarely caused by section of the cord, while they die as quickly as the human subject after fracture of the spine. He sums up his conclusions thus: First. Laying bare the spinal cord is not a dangerous operation. Second. Death after injury to the cord is due rather to irritation or pressure than to complete section. Third. That union of the severed cord may take place with return of function. Fourth. That removal of certain portions of the vertebra may be followed

by the formation of new bone. Fifth. That cases operated upon show the usefulness of the operation. This opinion of Brown-Séquard will carry with it more weight when it is remembered that he gave it in 1870, many years before his mind or body had been affected by his or any one's elixir. I find other reports of operations by such men as Willard in 1871, Stemen in 1873, Lidell in 1884, Halstead in 1884, Keys in 1884, William Macewin in 1885, R. T. Morris in 1886. Among them are some gratifying results. Although the literature is somewhat rare relative to this subject of operative interference upon the spinal cord, yet there are a sufficient number of cases recorded to enable one to judge somewhat, at least, of the practical value of such proceedings. Comparing the structure of the spinal cord with that of other nerves, we find this: The cord is made up of white and gray matter, whose component parts are similar to that of the brain. There are the transverse, the oblique, and the longitudinal fibres, together with the connective tissue. The cord is soft, and therefore easily compressible. The cerebro-spinal nerves, on the other hand, consist almost exclusively of tubular nerve fibres, which are tough, inelastic, and not compressible. It is, therefore, readily seen that any injury which will exert even a slight pressure upon the cord is quite likely to interrupt its continuity, while the same pressure to the nerves of either the sympathetic or cerebro-spinal system has but little effect. In our own busy American life we have neither the time nor the opportunity to do much experimental work. We leave that largely to our European colleagues, and then adopting for our work the practical, and employing it to the fullest extent. Hence, I shall only speak of the practical value of these operations. Not to show you what can be done for an exhibition of skill and daring, but what the surgeon may do to give his patient possible relief from paraplegia, pain, incontinence of stool and urine, lameness, and all the symptoms that result from an interruption of the continuity of the cord. First, as to fractures: In time gone by there was no stronger synonym for a fatal issue than a broken neck or back; yet modern surgery has robbed that very greatly of its force. One may have such a condition and recover. If it is true, as has been shown by one writer, that out of fifty-one cases of resection for fracture, twenty-one of them showed fracture of the transverse and spinous processes, then we have the greatest encouragement for undertaking the radical correction of the

injury. One of the greatest objections to the operation has been that in fracture of the spine it was the body of the vertebra that compressed the cord; but the greater the number of operations performed, the more frequently do we find that is not the case; and besides, if the bodies of the vertebra did compress the cord, to remove the laminae only increased the size of the spinal canal, and allowed more room for the compressed cord. Another argument against this operation of cutting down and removing the fragments of bone that may press upon the cord, is the fear of transforming a simple into a compound fracture. This argument was all-powerful before the days of Listerism and antiseptics. But in these Utopian days of professional loveableness and surgical purity, the argument is null. Hence, if we have a patient who has sustained a recent injury to the spine, and who has more or less paraplegia with the accompanying symptoms, it is best to wait a reasonable length of time for the absorption of effused fluid and subdural hemorrhage, as well as shock. If, however, in time, the acute symptoms do not abate, but rather grow worse, the surgeon is fully justified in exposing the injured vertebra to ascertain if possible whether there be any portions of bone pressing upon the cord, and if so, to remove them. The second class of cases that may be benefited by this operation is those of caries of the vertebra.

In many patients suffering from Pott's disease, there are few early symptoms to aid us in making out the correct diagnosis, but autopsies have shown us that one of the first pathological conditions that exists is the production of pus in or about the body of the vertebra. Now if this pus finds its way into the spinal canal, there will be pressure; and from that pressure we get many of the early symptoms of Pott's disease. There is pain in the legs, incontinence, uncertainty of gait, and backache. That these symptoms are due to pressure rather than to degenerative changes in the cord, as formerly supposed, is much more evident. We all know the relief expressed by a patient after psoas abscess has been evacuated. In this there is merely a suggestion that the spine could be trephined and the pus removed, before it reached a stage of so great pressure. We come now to the last condition—that of neoplasms of the spinal cord. Upon this division of the subject, there is very little to say, and exceedingly much to learn. Dr. Horsley has tabulated about 50 cases and Dr. Mills 50 more, which probably comprise nearly all.

One of Dr. Horseley's cases will bear mentioning. In 1887, he operated upon a patient who had for three years previous severe pain beneath the left scapula, thought to be intercostal neuralgia. At the end of the three years, there was distinct loss of power in the lower extremities, and soon there were symptoms of a transverse lesion of the cord a little above the middle of the dorsal regions. He removed the laminae of the second, third, fourth, fifth, sixth, vertebra, and slit the dura mater. In about the region of the second dorsal vertebra, he discovered an almond-shaped tumor which proved to be a fibro-myxoma. Dr. J. William White relates two interesting cases in which the dura was opened, and there found thickening of the connective tissue and sub-dural adhesions. In one case very marked improvement followed. The other was fatal. In this class of cases, the chief work consists in making a diagnosis, which can only be done by a careful study of the case from its earliest inception with all accompanying symptoms, and which even then is not an easy task for the neurologist. Lastly, as to the manner of performing this operation—the patient should be placed in the prone position, with a little support under the sternum to bring the spine well up on the stretch. A long incision should then be made down to the tips of the spinous processes; then dissect the muscles away from the spines and laminae on one side, pack with sponges, while the other side is similarly dealt with. When all hæmorrhage has ceased, the spinous processes had best be removed down to their base with bone forceps. This gives a better exposure of the arches of the vertebrae. In cutting through these arches, if they be not already fractured, each operator suggests a different method. Horseley uses the trephine; others the chisel, and some Hayes' saw or the gouge. I have found in my experiments upon the lower animals and upon the cadaver, that a heavy pair of bone forceps, as was also used by J. William White in his operations, are by far the best. By snipping a little at a time on the arches, one is soon cut through; then there is more room for the others, and it becomes rapid work in so removing them. The cord is now exposed and may be carefully examined for growths or pressure. If desirous to carry the operation further, the dura may be picked up with delicate forceps and opened. This may be incised for as great a distance as seems desirable. There is now ample opportunity in searching for neoplasms, pachy-meningitis, adhesions or thickenings, all of which conditions can be dealt

with as severally required. After careful cleansing, the dura is stitched with fine interrupted catgut sutures, drainage introduced, and the entire wound closed with all precautions as regards sepsis. From the fact that these injuries to the cord and these neoplasms are somewhat rare, it is scarcely likely that the operation will ever become extensively employed. But when such conditions do exist, the situation is so distressing, the improvement so hopeless, and the fatality so sure, that to bring relief to the few so afflicted will be another star in the crown of our surgery of the nineteenth century.

*ORIFICIAL SURGERY.*

BY E. H. PRATT, M.D., CHICAGO, ILL.

It is my pleasant duty and honor to present to this convention eminent physicians and surgeons a condensed report upon Orificial Surgery. Let us consider it, first, rationally; second, practically; third, historically; fourth, prophetically.

Rationally considered, the orificial philosophy is founded upon a solid foundation of anatomical, physiological and pathological facts, a few of which merit attention in the present connection. Everybody knows that we have two nervous systems, with its own brains and nerves, and its own uses to perform in human economy. Everybody knows that the cerebro-spinal system furnishes the bodily sensations of which we are conscious, and supplies the so-called voluntary muscles with motive power. Everybody knows that by means of the cerebro-spinal system the indwelling spirit plays its daily symphonies of harmonies and dissonances upon the human body. It laughs the body, it cries the body, it blushes and pales the body; it sweats and dries the body; it resuscitates the body; it nauseates and purges the body; in fact, it controls the body a jumping-jack which it uses and abuses as it pleases, but this voluntary life ceases in nightly sleep and under an anesthetic, and is not to be relied upon for purposes of nutrition.

Everybody knows that we have a sympathetic nervous system, that its function is nutrition; its energies are unrelenting; its influence upon the system is unobstructive, and that it supplies the so-called involuntary muscles with motion, and mucous membranes which cover them with their peculiar sensations, and the sexual system with its vitality.

Everybody knows, but it is not everybody who stops to consider that all the involuntary activities of the body are accomplished by peristaltic action. Solids and fluids alike are carried along their courses by tubular structures which confine them by vert-

motion produced by involuntary muscular fibres under the stimulus of this great sympathetic nerve. Processes of digestion, assimilation, circulation, and appropriation are alike dependent upon it. When the sympathetic nerve-force is abundant all peristaltic actions are vigorous, all bodily activities are well accomplished, and a healthy human organism is placed at the disposal of the cerebro-spinal system for the accomplishment of its purposes.

In solving the problems of pathology, therefore, as in the present discussion we are searching no farther back than physical causes for disease; let us ignore the wear and tear visited upon the body by the waves of thought and throbs of feeling that perpetually play upon its every part by means of the cerebro-spinal system, and confine our attention to peristaltic actions and their sources of vigor. In other words, the problem of health is a problem of sympathetic nerve-force, and the problem of disease is the problem of sympathetic nerve-waste. The original supply, in any individual, of sympathetic nerve-force undoubtedly is a question of constitution. The husbanding or squandering of this force, however, is the all-important theme for the consideration of medical men.

The intelligence of the sympathetic nerve is of a very low order. A hypertrophied condition of one of its mucous membranes will induce a spasmodic action of the involuntary muscles surrounding it as surely as distension occasioned by the presence of solid and liquid contents. If, for instance, the tonsils and fauces be inflamed and swollen, the intelligent cerebro-spinal system would suggest that the throat needed physiological rest, and would order the constricting muscles of the throat to remain in a relaxed condition until the inflammation had subsided. But the foolish sympathetic nerve is constantly exerting itself in the vain effort to swallow its own membrane, thereby increasing the irritation of the throat already existing. If the urethra is suffering inflammatory action, the cerebro-spinal system would prescribe inactivity on the part of its muscular coats; but the weak-minded sympathetic insists upon repeated exertions at micturition, although there is no urine to be expelled. Dysentery furnishes a similar illustration of the same lack of intelligence and discrimination of the sympathetic nerve. Although the rectum may contain no fecal matter, a perpetual urging to stool is occasioned by the swollen state of the lining membrane. The adhesion of the foreskin to the glans penis, an over-distended bladder, any form of



irritation in the rectum in the neighborhood of the prostate gland will induce sexual activity and prod the individual to a prodigal expenditure of nerve-force. During waking hours the cerebro-spinal system may hold this impulse in check, but when its guiding-force is laid to rest in that semblance of death called sleep, the irritation may be sufficiently excessive to culminate in seminal loss. A point of irritation upon any mucous membrane, owing to this singular characteristic of the sympathetic nerve, will inevitably induce a strictured condition at the point of irritation in the tube involved. Prolonged muscular action of either voluntary or involuntary muscular fibres involves a prodigal waste of nerve-force. Try holding an arm horizontally for a prolonged period; in a very few minutes, not only the arm becomes too heavy to be long suspended, but the entire body shares in the fatigue. Men who could remain on their feet from morning to night, when permitted to shift their position by walking and standing alternately, find it impossible to remain in a fixed standing position for more than a half an hour or an hour at a time. What is true of the cerebro-spinal system and voluntary muscles is also true of the sympathetic system and involuntary muscles. Alternate contraction and relaxation is merely exercise, and strengthens. Prolonged, unremitting contraction of any involuntary muscle, not only wearies the muscle, but tires the entire sympathetic nerve, thereby undermining the vigor of every peristaltic action in the body, and laying the foundation for disordered functions and passive congestions, which are the beginning of all pathology.

There is a principle so universal in its application that it is true, both in the macrocosm and in the microcosm, viz., that the irritation of an organ starts at its mouth. If the semblance of the human form be sought in the construction of our great nation, for instance, the head of the national man will be found at Washington; its arteries will be represented by railroads, rivers, and canals; its nerves by the telegraph and telephone wires; its various organs by its cities and towns. Take any of these cities and towns and single out the places where passing feet have worn their deepest tracks in the pavement by excessive use, and the entire neighborhood has assumed the most dilapidated appearance from over-use, and these spots will be found at the centres of traffic, viz., ports and railway stations. This principle as applied to the microcosm—man—will at once point out the

openings of the organs as the points of greatest friction. The irritation of an organ, then, starts at its mouth; being true of the various organs individually, is also true of them collectively, and the lower openings of the body which act as the universal gateways for the exit of effete matter of the entire man are the points where friction is greatest and resulting irritation surest to be found.

As, therefore, blood-stasis is the beginning of pathology, and, as weakened peristaltic action is the beginning of blood-stasis, and as the spent sympathetic nerve-force is the predisposing cause of a weakened peristaltic action, and as spasmodic action of involuntary muscles is the cause of a weakened nerve-force, and as an irritable lining membrane is the cause of spasmodic action of involuntary muscles, and as the point where this universally occurs is at the lower openings of the body, therefore, it seems a reasonable conclusion from this line of logic, that the proposition of orificial surgery, formulated five years ago, is not without a substantial foundation in anatomical, physiological, and pathological facts. The following is the proposition: "In all pathological conditions, surgical or medical, which linger persistently, in spite of all efforts at removal, from the delicate derangements of brain substance that induce insanity, and the various forms of neurasthenia, to the great variety of morbid changes repeatedly found in the coarser structures of the body, there will invariably be found more or less irritation at the rectum, or the orifices of the sexual system, or both. In other words there is one predisposing cause for all forms of chronic disease, and that is a sympathetic nerve-waste occasioned by orificial irritation at the lower openings of the body."

#### ORIFICIAL SURGERY PRACTICALLY CONSIDERED.

There is a certain fascination about theories that flatters our intelligence, and satisfies our reason, but they are too often fallacious, and consequently misleading; and had orificial surgery nothing better to recommend it to your consideration than its reasonableness, I should not feel justified in attracting your attention to the subject. But the practical workings of the philosophy are so unprecedented and marvellously effective in the treatment of chronic diseases, that I feel it to be an honor to have the privilege of presenting to you so important a subject for your consideration.

When the peristaltic actions of the body are enfeebled, orificial

surgery can strengthen them. When functional activities are sluggish, orificial surgery can revive them. When the whole body or any of its parts passes into a sleep so lethargic as to refuse response to ordinary measures, the penetrating voice of orificial surgery can awaken it. The orificial philosophy has mild measures for mild cases, and extreme measures for extreme cases, but, in all cases, the tendency of orificial work is to re-establish a wholesome activity in the entire capillary circulation of the body, thus relieving all congestions and inaugurating nutritive changes. Hippocrates warned doctors against the employment of measures which involved sudden changes in the circulation of the body. Had he lived to witness the effect of orificial methods, he would have been terrified at the power of the work and dumbfounded at its curative action.

There is but one excuse for chronic forms of disease, viz., a poor reactive power. Orificial surgery stimulates every part of the human body to reaction, with a certainty that staggers belief, by instantaneously flushing the capillaries. It reddens parts that are too white, and pales parts that are too red, instantaneously equalizing the circulation of the blood, and thereby depleting all congestions. Mere functional derangements, as palpitation of the heart, asthma, pernicious vomiting, etc., are thus immediately relieved. Organic changes that require a renutrition for repair necessarily demand longer time before they fully respond to the action of the work.

In employing any method of healing, due respect must be had to the amount of reaction desired, and the energy of the treatment must always be adapted to the condition of the patient. This is especially true of orificial surgery. Patients suffering but slight forms of disorder call for the gentlest forms of the work. A mere dilatation of contracted openings, a slight pruning of roughened surfaces, the local use of vibration, or heat, or electricity, may be all that will be necessary to restore the equilibrium of vital forces called health. But where disintegration is marked, and the citadel of life has seriously crumbled, the most radical measures which orificial surgery has to offer are none too vigorous to effect a satisfactory degree of repair.

Orificial methods have now been employed by myself and hundreds of collaborators in this specialty in nearly all forms of chronic disease, and although they are powerless to raise the dead, although they are not a panacea for human ills, although that which they cannot accomplish in freeing mankind from the thralldom of chronic

afflictions is still vast, yet a philosophy that can attack the army of incurables that have baffled all other forms of treatment, and restore fully four-fifths of them to a reasonable degree of health, it seems to me, has earned the right to an honorable place in the list of legitimate remedial measures for the relief of human suffering.

The work consists in smoothing parts that are rough, dilating openings that are unduly contracted, thereby restoring the muscular structures involved to their normal degree of tension. Undue nerve-waste is thus stopped, strength is economized, and the surplus energy thus acquired is returned to the general reservoir of nervous force embodied in the sympathetic system of nerves, and distributed to the various parts of the body.

When a line of treatment so disagreeable by nature as to be unpleasant for both patient and doctor, necessarily painful in its application, with nothing whatever to recommend it for popular or professional consideration but its effectiveness and success, wins an enviable reputation with the patients upon whom it is employed, and renders them so enthusiastic in its recommendation as to insist upon its employment for all of their friends similarly afflicted whom they are able to influence, it must necessarily possess some intrinsic value to be thus highly esteemed and complimented. The success of orificial surgery has been such as to create an absolute demand for its practices by the people themselves, in almost every part of the United States. Like all other lines of treatment it has its limitations, and failures are common. But when it is borne in mind that the class of cases upon which it has been practiced has been that upon which other measures have failed, and that failures are even less than twenty-five per cent., its usefulness as a remedial measure can scarcely be over-estimated. Practically considered, therefore, orificial surgery must be classed as a successful method of cure, and well deserving the consideration of this or any other body of medical men.

#### ORIFICIAL SURGERY HISTORICALLY CONSIDERED.

"Man is born on a battle-field. Round him, to rend  
Or resist, the dread Powers he displaces attend,  
By the cradle which Nature, amidst the stern shocks  
That have shattered creation, and shapen it, rocks.  
He leaps with a wail into being; and lo!  
His own mother, fierce Nature herself, is his foe.

Her whirlwinds are roused into wrath o'er his head :  
 'Neath his feet roll her earthquakes : her solitudes spread  
 To daunt him : her forces dispute his command :  
 Her snows fall to freeze him ; her suns burn to brand :  
 Her seas yawn to engulf him ; her rocks rise to crush ;  
 And the lion and leopard, allied, lurk to rush  
 On their startled invader.  
 Still impelled by necessity hungrily on,  
 He conquers the realms of his own self-reliance,  
 And the last cry of fear wakes the first of defiance.  
 From the serpent he crushes its poisonous soul :  
 Smitten down in his path see the dead lion roll !  
 On toward Heaven the son of Alcmen strides high on  
 The heads of the Hydra, the spoils of the lion :  
 And man, conquering Terror, is worshipped by man.  
 A camp has this world been since first it began !  
 From his tents sweeps the roving Arabian ; at peace,  
 A mere wandering shepherd that follows the fleece ;  
 But warring his way through a world's destinies,  
 Lo from Delhi, from Bagdad, from Cordova, rise  
 Domes of empire, dower'd with science and art,  
 Schools, libraries, forums, the palace, the mart !  
 New realms to man's soul have been conquered. But those  
 Forthwith they are peopled for man by new foes !  
 The stars keep their secrets, the earth hides her own,  
 And bold must the man be that braves the unknown !  
 Not a truth has to art or to science been given,  
 But brows have ached for it, and souls toiled and striven ;  
 And many have striven, and many have failed,  
 And many died, slain by the truth they assailed."

Orificial surgery has been no exception to this warlike career. Its cradle was an unwelcome resting-place. Its infancy was made uncomfortable by repeated efforts to take its life. Its childhood and youth were harassed by foes of all kinds, and its manhood which it has now attained, has been reached through many a field of carnage. From the beginning of its history to the present time, honest conservatism, dishonest prejudice, ignorance, stupidity, toadyism, bigotry, and all the good, bad and indifferent principles in human nature which unite their forces to antagonize all advancements in any direction were combined against this work.

Orificial surgery is the doctor's best friend, for it enables him to cure a large percentage, which before, without its aid, baffled his skill, and yet almost without exception the members of the profession have arrayed themselves in active hostility against it before

they had become acquainted with it. In spite of all opposition, however, it has grown and progressed until, from a position of universal ridicule and sarcasm which it at first suffered, it has more than a thousand earnest advocates in the ranks of the profession, many thousand friends among the laity, and six medical colleges in the United States now advertise the teaching of its principles in their curriculums.

The orificial idea was born five years ago last February, in the senior lecture room of the Chicago Homœopathic Medical College, in the presence of the students. The effect of the presentation of the thought was so energetic that in the three weeks of the term which yet remained, sixteen of the class presented themselves for the application of orificial methods to their conditions. Some suffered from headaches, some from dyspepsia, some from insomnia, some from spermatorrhœa, some from constipation and some from general malnutrition. The success of the work upon these test-cases was such as to win forever the good-will of the under-graduates. The surgical clinic of the college was run for an entire year as far as possible upon the orificial principles. The experience here acquired but confirmed in every particular the foundation principles of the philosophy.

The first report upon orificial surgery to a medical society was made at midnight, at the Saratoga meeting of the American Institute of Homœopathy, in 1886. Reports have since been made to the State Societies of Ohio, Kentucky, Indiana, Illinois, Minnesota, Missouri, Nebraska, and several others.

The closing sentence of the lecture in which the subject was first presented at the Chicago Homœopathic Medical College, so adequately describes the meaning and scope of the work as to merit a place in the history of the idea: "In conclusion, let me sum up the entire subject in a single sentence. Bring me an individual with clean lips and nostrils; a palate of proper length and unobtruding tonsils; a rectum that presents neither piles, prolapsus, fissure, ulcer, pockets nor papillæ—an individual whose sexual orifices are smooth and free from all irritation; if it be a man, his foreskin shall be free, the frenum of sufficient length, the urethral passage smooth and normal in size, especially in its prostatic portion; if a woman, her hymen must be pale and atrophied, her urethra devoid of caruncles and ulcerations, her internal and external *os uteri* reas-

onably patulous, and without undue sensitiveness; bring such an individual, and I will point to the same person and show you a human being whose digestion is good, whose sleep is sweet and restful, whose capillary circulation is superb, whose very existence is a constant source of uninterrupted delights. Such men and women maintain a steady poise of mind and body—they live to the fulness of time, and, unless removed by accident, their dissolution takes place on the principle of the “one-hoss shay”—they settle slowly and peacefully into their last sleep, just because their life’s time-piece has run down.

On the other hand, introduce to me a mortal suffering with passive congestion in various parts, whose blood finds its lazy way back to the heart by slow stages because the peristaltic action of the arteries is tired out—a person whose vitality is low, and whose poor enfeebled body begins to be the prey of inherited or acquired tendencies—consumption, scrofula, syphilis, organic derangements, of whatever form they may take—show me such an individual, and they are as numerous as withered leaves in autumn, and I will stake the reputation of this idea that I shall be able, without straining a point, to find legitimate fault with the condition of some one or more of the various orifices of the body.

#### ORIFICIAL SURGERY CONSIDERED PROPHETICALLY.

But what of the future? In the evolution of medical development, what facts may be legitimately expected from a widespread knowledge and practice of orificial principles? What will be the result of a universal contemplation, by the profession, of the sympathetic nerve force, its waste and renewal? First of all, the proverbial fig-leaf of shame-faced humanity will be lifted, and the sexual habits of the entire race will submit to an exposé they little dream of, short of that searching scrutiny of life’s record so commonly expected, so generally dreaded, when life’s final balance-sheet is struck off for eternity’s judgment.

The nakedness of mankind is at present more or less perfectly covered. The actors on life’s stage all dress for the different characters they are called upon to play. We have garments for business, garments for recreation, garments for strangers and garments for friends; garments for public occasion and for private uses; garments for daylight and robes for nightly wrapping, but there is an

essential requisite for every garment in which we appear. It must clothe our nakedness. Whatever be the condition of the heart, self-respect and a proper regard for our fellow-men demand external cleanliness; the clothing at least of respectability.

The eternal City of Rome with all its glitter and grandeur, its cathedrals and temples, its palaces and arches, rests upon another and a larger city, whose streets are deep and narrow and winding and dark, whose houses are but cells for the dead, and whose stifling air is unwholesome to breathe. The catacombs are more extensive than Rome herself, and completely honeycomb the earth upon which she stands. Thus is her proud, pretentious exterior, but a thin veneering over a more extensive expanse of underlying rottenness. Much like that is human society. On its surface, polished, glittering, proud, polite, and by all means respectable. Beneath its surface, a bone yard.

At the present there is no instruction furnished, private or public, either to the undergraduates or to the rising generation of the laity, upon the proper condition and conduct of the sexual system. The subject, by universal consent, is almost *wholly* unmentioned and unconsidered.

As untilled soil is pre-empted by weeds, and uncivilized countries are occupied by savage races and beasts of prey, so this untamed part of human nature calls loudly for medical missionary work. The pernicious sexual habits of early life, the consequent weaknesses and sins of maturer years, form an unwritten history of our kind, that fully explains a large percentage of its miseries.

In view of this almost universal painless and ignorant prodigal expenditure of sympathetic nerve force, now that we are awakening to the fact that the tonicity of peristaltic actions is entirely dependent upon the vigor of the sympathetic nervous system, is it not time for the medical profession to take this matter in hand and see if some preventive measures cannot be employed to remove this predisposing cause of premature decay?

Experience with orificial methods continually demonstrate the fact that in a majority of cases, all spontaneous and unnatural sexual activity can be removed by securing, by means of a little judicious pruning, an ideal condition of the lower openings of the body. The slavery of morbid sexual appetite can thus be ended, and sympathetic nerve force wonderfully conserved. Aside from the local



relief which such patients experience under the magical touch of orificial surgery, I have witnessed most marvellous transformations in human characteristics and tendencies. I have seen the insane made rational; I have seen the irritable made amiable; the discouraged made hopeful; the tearful made cheerful; and the lustful made virtuous.

As a bird let loose spreads its pinions and soars skyward, so does a caged soul, when freed from the unholy suggestions and associations of morbid physical conditions, demonstrate its aspiring tendencies.

A knowledge of these things not only makes one charitable for the weaknesses and eccentricities of the human kind, but also breeds a hope that punishments may give way to cures, and that before man sits in judgment upon his fellow-man, a physical examination may be instituted, to determine whether the offending member of society on trial may not be an invalid, instead of a criminal.

With freedom from temptation to wayward practices, suggested by physical disorders, may not the chastisements of time be lighter, the fabric of human society be raised upon a more substantial basis, and man approach more nearly the image of his Maker?

As prevention is grander than cure, should not all measures which tend, not only to restore but to maintain the equilibrium of bodily functions and activities merit the most careful and thorough consideration by the medical profession?

ORIFICAL SURGERY modestly presents itself as a candidate for your consideration.

#### DISCUSSION.

A. L. MONROE, M.D.: Dr. Martin, a young physician who had charge for several years of the Ohio State Penitentiary, examined the sexual organs of a thousand male convicts several years ago; he read a paper, giving the results of these examinations, before the Ohio State Society two years ago, and at least two-thirds of these convicts showed some abnormality in these organs, and I believe those who were confined for assault and rape and crimes of that nature, were universally abnormal in that way.

W. TOD HELMUTH, M.D.: I have had comparatively little experience with orificial surgery, but I think that it is a shame that Dr. Pratt, one of our members, and an enthusiastic, hard-working man in the profession, who has worked up this idea, reflexes, should not have something said to encourage him to proceed with his work. Of all people on earth, the true homœopathic surgeon, or the general practitioner, is the last one to place obstacles in the way of medical

progress. We complain of the intolerance of the old school, but when I hear from Dr. Pratt that there are several persons in this room who know something about orificial surgery, and can demonstrate, from personal observation and practice, the results of the treatment, I think that it is a pity that they do not at once stand forward and let us know what are the results of his work. The little that I do know about this method has been extremely satisfactory to me. I cannot say, for I do not know, that by means of orificial surgery almost every disease, including insanity, may be cured, nor do I know from personal experience how extensively these reflexes affect other diseases mentioned by Dr. Pratt, but when any member of this Institute stands in his place and details his experience we are bound to investigate and believe him or those who know to the contrary should arise and contradict him. For myself I can only say that a case of the most persistent vomiting in a young lady came under my care. She had been under both systems of practice, and I had tried all the remedies which I knew. It was doubtless a case of hysterical emesis. In desperation I suggested that the sphincter ani be stretched; it was thoroughly done, and she has not vomited once from that time to this. I had another patient upon whom I operated afterwards for a nephrotomy, opening the kidney and allowing a large quantity of pus to be drained off. This gentleman was well known in the West, and suffered from such terrible spasmodic action of his bladder, that every hour to hour and a half, all night and all day, he would be troubled with such severe urinary tenesmus that his life was a burthen. The introduction of the catheter, opium suppositories, Belladonna, Hyoscyamus, Pichi, Cantharides, and even the introduction of the rectal tube for a time was tried without avail. Then I stretched his sphincters with immediate and permanent relief to these distressing symptoms. I state these things simply to uphold Dr. Pratt in one portion of his paper. Of the rationale of these nervous reflexes as yet we know very little, but the facts remain that the practice of orificial surgery, as applied to the rectum and the lower orifices of the body, is often followed by most remarkable results. We know when we relieve phymosis how many different nervous conditions are instantly removed, and although I am not prepared to stand by and accept entirely the extensive domain of orificial surgery, as Dr. Pratt understands it, I feel no hesitation in saying that there is a great deal of good in it, and that it is our duty to give it as fair a trial as we would to any medicine that is new to the *materia medica* presented by any members of our Institute or of the homœopathic profession.

E. F. STORKE, M.D.: I am not a surgeon of the orificial school or of any other division, but I have had a little experience, or rather I have had an opportunity for observing the effect of the practice of Dr. Pratt. Some years ago, I had under my care an old time-worn

minister who had suffered from very severe mental symptoms, nervous depression, exhaustion, poor digestion and rectal troubles until his life was unbearable to him. He had passed through the hands of many physicians without any benefit. I was able to afford him but little relief, and simply prescribed from day to day to give him some slight palliation. He passed into the hands of one of the pupils of Dr. Pratt, who found that there was an irritable condition of the sphincter, some slight inflammation of the rectal mucous membrane and a little discharge of a pure white mucus. The sphincter ani was thoroughly stretched and with that one operation, disappeared every vestige of the old man's sickness. I had an opportunity for observing him for some months after that operation and to my certain knowledge he was as well as any man of 65 years of age could expect to be. This was the result of the operation, as it was entirely accomplished without the least medical aid.

H. P. SKILES, M.D.: I have done some official work and I recognize it as a very great aid, as a thing to be regarded with a great deal of thought, and still as a thing to be very much afraid of. It was referred to by Dr. Pratt this afternoon that this would reach almost every conceivable nervous trouble—sympathetic nervous trouble. It doesn't seem to make any difference what kind of a nervous trouble, whether it is paralysis, whether it is neuralgia, or insanity. Now this seems like a very broad statement to us, and when I first heard of this method of Dr. Pratt's I can assure you that I didn't believe a word of it; in fact I fought it as best I knew how. I can best illustrate this by telling you how I came to believe in it. I had a patient, a consumptive, a lady whom I expected to die in from ten days to two weeks. The most tormenting thing she had was a diarrhoea; as you all know that is very tormenting in the last stage of consumption. A young physician who was then watching Dr. Pratt's experiments, five years ago last winter, told me one day that I could cure that diarrhoea if I would. I said at once "you don't think that thing of Pratt's would cure that trouble?" He said he did. I said "here is ten dollars; go down town and get the necessary instruments and we will operate." Next morning we gave the patient some Chloroform, my young friend snipped out two or three papillæ and some pockets, and within three days the diarrhoea stopped, my patient lived several weeks in comfort. Since that time I have been a thorough believer in official surgery. I can assure you, too, that I have relieved paralysis, complete hemiplegia, running twelve months. I can also assure you that I have relieved insanity quite a number of times; one case probably would be of interest. This case was of a lady twenty-eight years of age who had profound melancholia. Of course you all know that is the hardest kind to treat; these violent cases of insanity in a great many cases get well spontaneously, but never the melan-

cholias. In this class of insanity it is my custom to put them under Chloroform to see if there is not some cause for the trouble beside the organic trouble of the brain. She could not utter one single sentence. A word or two she could utter but with great difficulty. I found that the rectum was ulcerated; that the uterus was retroflexed, ulcerated, and lacerated; that the urethra was caruncled. I thought any one of these was enough to produce her mania. I treated this lady every ten days under Chloroform for three months; at the end of that three months I had the rectum in a healthy condition, the uterus was in a normal position; the ulceration was gone, and the bladder was in a healthy condition. Still she could not talk nor could she utter one single clear thought. We still had the laceration. I told the husband there was one thing to do, namely, to repair this laceration believing, that this was enough to produce the congestion of the brain so that she could not talk. The following day I repaired it under Chloroform, and to my profound delight when she came out from under the Chloroform, she was in her normal right mind, and she has remained so ever since. And this was fourteen months ago.

E. H. PRATT, M.D.: I am a homœopath; I am also a physician. When I accepted my diploma from the college which graduated me, it conferred upon me from the authority of the State the title of doctor of medicine and surgery. In accepting that title I accepted with it the obligations which the meaning of those terms implied. The term medicine as employed by the state in granting diplomas to her sons and daughters enjoys the broad meaning of "anything that will relieve human suffering." In accepting my diploma, then, I am presumed to be more or less familiar with all legitimate means of cure, and to employ whatever means seem best indicated in a given case. Sometimes it may be drugs, and then I am a homœopath. Sometimes it may be massage; sometimes it may be electricity; sometimes it may be merely the correction of bad mental and physical habits; sometimes it may be orificial surgery.

I have been a faithful student of *materia medica* and have unbounded confidence in the law of homœopathy. But in my professional experience I have met with cases where my prescribing has failed, where massage and electricity and all other means with which I was familiar also failed. And in this class of cases I now thank God that there is another means by which I can arouse reactive power of the entire organism, namely, orificial surgery.

Think for one moment, gentlemen; there is but one means by which we attain our growth as individuals, by which our health is maintained, by which it is regained when lost, and consequently, to which all remedial measures of whatever kind must necessarily appeal, and that is, the capillary circulation of the blood. Whatever measures effect a cure upon the sick, it is accomplished by means of the circulation of the part in pathological condition. Drugs act by

improving the nutrition of a part. So does massage; so do heat and cold; so do all remedial measures.

The measure which I have had the pleasure of calling your attention to in the report just presented is one which par excellence has a profound effect upon the entire capillary circulation. Hands and feet may have been cold for twenty years. After the practice of orificial methods they will be hot in less than two minutes by the watch. If a boil or inflamed surface of any kind exists upon the skin where it can be readily observed, the congestion of the inflamed spot will be seen to diminish and active nutritive changes be instituted almost immediately, and the same changed conditions which are observed in the skin necessarily take place in every part and particle of the body. The lungs are the great suction-pumps upon which return circulation mainly depends. While a patient is profoundly asleep with an anæsthetic any operation in major surgery can be performed that does not endanger life, and the respiration will go on with its usual regularity, apparently undisturbed by operative procedures. The effect of orificial work, however, upon the respiration is something startling. By means of a rectal speculum under profound anæsthesia the respiration of a patient can be almost entirely at the command of the surgeon. In a sensitive case the effect on the respiration is so profound that many cases could easily be killed instantly by suspending their breathing by a sufficiently prolonged dilatation of the rectum. The deep inspiration which follows this disturbance of the respiration immediately relieves congestion of all parts of the body, flushing the capillaries and instantly equalizing the circulation. Thus is the entire system aroused to increased activity. The improved circulation remains as a permanent change, and an improved nutrition of the entire body is immediately inaugurated and does not cease, if the work is properly done and followed to a finish, until health is restored. Orificial surgery will attack the entire army of cases that have obstinately resisted all other forms of treatment, and unaided by other measures will restore fully fifty per cent. of them to a condition of health. In cases which are too far advanced to afford a sufficient reaction to insure a return to health, orificial surgery increases the reactive powers of the body so that all other measures at the command of the profession, such as drugs, electricity, heat, and cold, etc., are more effective than formerly.

Thus does it appear, gentleman, that orificial surgery, is not a rival of any other form of treatment, but simply a grand adjuvant to all forms of treatment, awakening the sleeping energies of the body, re-establishing its activities, restoring its reactive power, curing many cases without the aid of other measures, and laying the foundation for a cure in still a large percentage of cases by giving the doctor a living organism to employ his measures upon, instead of a dead one. I am not less of a homœopath, because I am an orificial surgeon. I am simply more of a doctor.

*TO WHAT EXTENT ARE SINUSES AND FISTULÆ CURATIVE WITHOUT OPERATIVE PROCEDURES?*

A BRIEF HISTORY OF A VARIETY OF CASES, SHOWING METHODS OF CURE.

BY M. O. TERRY, M.D., UTICA, N. Y.

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IN the disintegration of bone—the death of its structure—caused by ulceration extending from a sinuous opening, it has been considered necessary to open freely the soft or muscular covering, scrape the diseased portion until the necrosed part was entirely removed, then allow the opening to heal from the “bottom.” This, I believe, is generally admitted to be a standard surgical procedure. The process of ulceration of bone and the necrosis following it, is not unlike that of the soft tissues. The process includes the death of the protoplasmic cell and ends in suppuration. In each case the healthy tissue is destroyed as the disease extends. The indication for the treatment of the one is certainly not very different from that of the other.

What method do we adopt in the treatment of ulceration of soft tissues? Do we scrape the ulcer? This is scarcely necessary. No longer are granulations treated with alum or other escharotics, but by the pressure of an antiseptic plaster or pad. The ulcer to be healed is freed from pus and disintegrated particles by the use of remedies of varying strength. Perhaps, after washing it—and it is scarcely necessary to repeat this water-cleansing process—the remedy which will most speedily free it from pus is peroxide of hydrogen, using it in strength from 1 to 12, down to its pure commercial state, depending largely upon the stage of the disease, the location of the difficulty, and the condition of the patient. After this has been done the iodoform or carbolic gauze is applied, over which is placed salicylated, boracic, or carbolic absorbent cotton, and over it, perhaps a Eucalyptol gauze followed by an ordinary bandage, unless the ulcer

is on the leg, when an elastic one is often better. The same principles may be applied in the treatment of sinuses, as I shall show, and with equally good advantage, the method of the application of it being, however, governed by the location in some instances.

The results of an operation largely depend on the after-treatment. The point I wish to bring out in this paper is, that if the ulcerated walls of a sinus are properly cleansed and the disintegrated or crumbling portion known as necrosed tissue are kept aseptic, the underlying surface or walls of the sinus will soon become as healthy as any ulcer placed in a similar surgical condition, and, instead of caries continuing, healing will ensue, provided in every instance there is an opening through the soft tissues.

The following cases will illustrate the theory advanced :

CASE I.—Mrs. C., æt. 67, has had mastoid disease for six months, the ear discharging to a greater or less extent during the whole period. The mastoid process was sensitive, red and somewhat swollen for weeks. This condition rapidly increased. On examining the case for the first time, I found the ear greatly protruded ; the patient being dizzy ; vision blurred ; the gait staggering ; and felt as though she might lose her senses at any time. I operated by cutting down to the bone, making a so-called Wild's incision. An examination with a probe revealed an opening into the inner chamber of the ear. The discharge was slight, of a dark color and the walls of the sinus irregular. Peroxide of hydrogen was used 1 to 8 for cleansing, and Balsam of Peru injected, after which a silver tube was placed in the opening and worn for three months ; it being taken out two or three times a day for cleansing. Remedies were given and tincture of Belladonna was applied over the parts. Recovery.

CASE II.—Mr. H., æt. 48, had two sinuses in the lumbar region. These had been discharging for several months. The probe reached the vertebræ. Peroxide water was syringed through the openings, and the walls were stimulated by a solution of caustic potash 1 to 10, the application being made with a probe covered with absorbent cotton saturated with potash. The dressing consisted of Balsam of Peru, over which was placed a pad of iodoform. Two applications healed both openings permanently.

CASE III.—A woman, æt. 25 ; has had a sinous opening over the sacrum. The patient had been treated in Dublin the year previous. Cured after four applications.

CASE IV.—Mr. T., æt. 60, has had an external fistula extending into the rectum, for several months. Washed it out with peroxide, 1 to 4, then with carbolic water, after which the walls were medicated with tincture of Iodine. Patient relieved from the discharge and feeling of weight in the region of the rectum for two weeks, when it became gradually troublesome again. After cleansing as above detailed a four per cent. cocaine solution was thrown into the external opening; the rectum being plugged with vaselined absorbent cotton. The fistula was now swabbed with a cotton-covered probe, moistened with pure caustic potash. This was neutralized with a weak solution of acetic acid. Iodoform in ether ℥j. to ʒj. was now injected. No further treatment was necessary.

CASE V.—A boy æt. 11, has had three openings leading to the ankle-joint, the same being ankylosed, swollen, red and painful, with inability to get about, or only with the aid of a crutch. A probe can be passed fully an inch into the joint. He has been urged to have the foot amputated, as he is delicate, pale in appearance and is getting weaker from his confinement. The openings were injected with Balsam of Peru, the foot is supported in a chair. The inflammation was arrested by means of a solution of Acetate of lead, 30 grains to a pint of water. The lotion is not kept on constantly as it destroys the skin, but is applied for three hours, then omitted for one, two or three hours. Remedies given, Belladonna and phosphate of Calcareæ. Within three months the boy was walking and to-day he is a district messenger boy, running hither and everywhere, with a flexible and healthy joint.

CASE VI.—Is that of a girl, eight years of age. She had five openings leading into the ankle, which was ankylosed. A probe could be passed two inches into an opening. Treatment the same, and recovery perfect.

CASE VII.—Mr. J., æt. 29, has had an opening leading to the metacarpal bone of the little finger, for nearly one year. It followed blood-poisoning. A probe can be passed along the bone, the muscular tissue being detached by the long process of suppuration. He had been advised to have the bone removed. I thought the advice sound, but was unable to operate for two weeks. For this reason placed him on the cleansing antiseptic treatment. Four weeks later a firm cicatrix had formed, and the cure was complete.

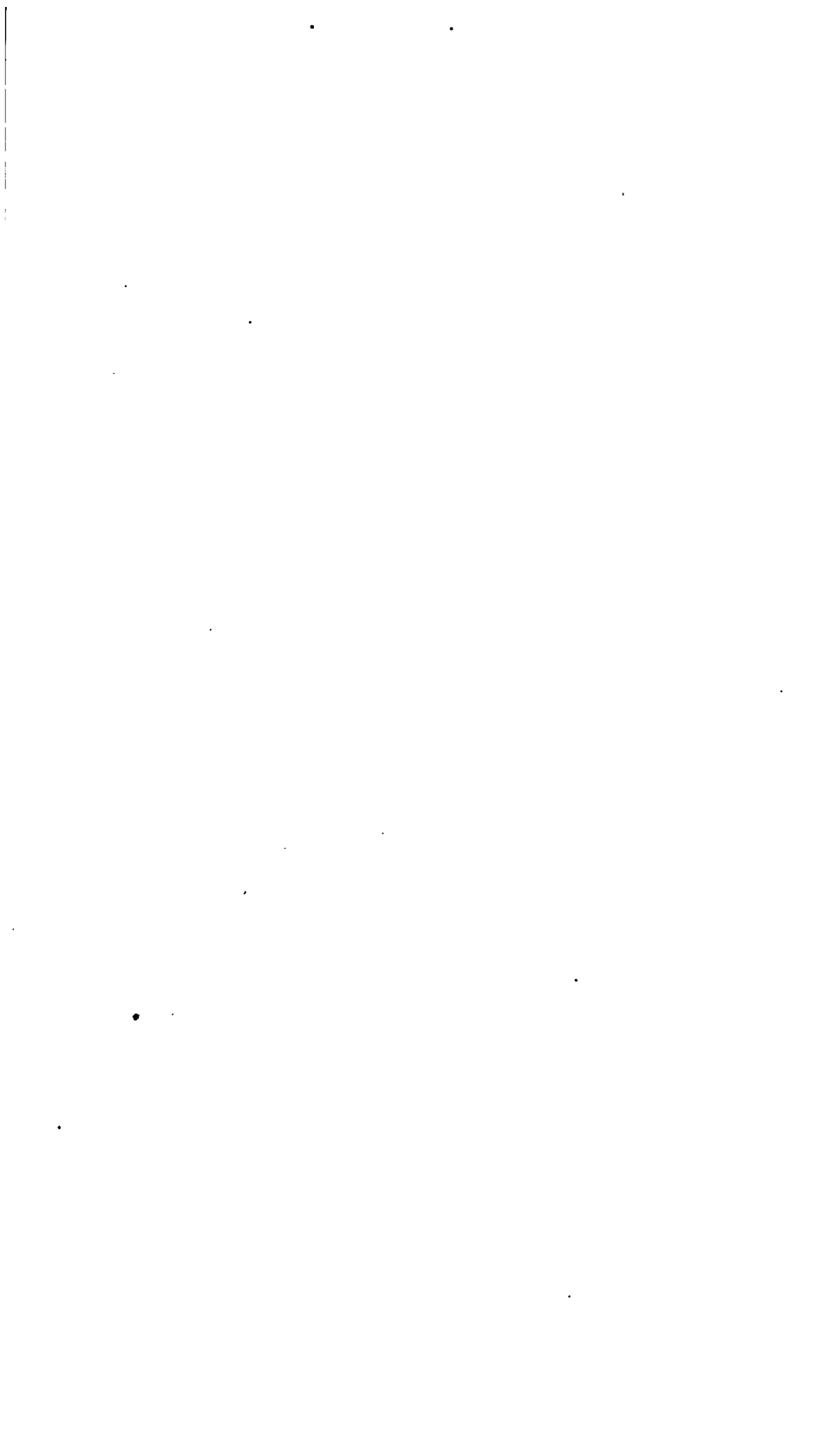
CASE VIII.—Mr. S., æt. 58, had a sinus leading from the alveo-



lar process of the upper maxillary, extending upwards into the antrum of Highmore. Had consulted dentists and had been under treatment. He had had the cavity washed out with a solution of Carbolic acid occasionally, but no improvement had taken place. Neuralgia was constant and the soreness was very annoying. As there was an opening extending into the nose from the antrum I gave a prescription composed of the following ingredients: Peroxide of hydrogen, half an ounce; fluid extract of Hydrastis can., one drachm; Zinc sulph., ten grains and water sufficient to make four ounces. This to be used by syringing the same into the cavity three times a day. This was the only prescription given. Improvement was immediate and recovery rapid.

I have endeavored to give sufficient proof of the efficacy of a conservative method of treating fistulæ and sinuses to warrant a trial by the profession.

ESSAYS  
ON  
PÆDOLOGY,  
WITH  
DISCUSSIONS.



*INFANTILE ECZEMA.*

BY MILLIE J. CHAPMAN, M.D., PITTSBURGH, PA.

THERE was a time when only the thoughts and efforts of men were recorded or considered. The great novels introduced characters portraying the habits and customs of children. Always in good homes, and since the organization of humane societies, in all homes, infants realize equal care and protection with the youth or person of mature years. To the physician the illnesses of the young child rank second to no other. He does well who gives his best thought to their dress, diet, care and medication; for upon these depend not only the health and happiness for the future of the individual but the welfare of his posterity.

No morbid condition induces more discomfort to the child or regret to the fond parent than eczema, and upon no condition does so much depend on the management of the case. The life and health of the child is only secured by a knowledge of the tissues affected, followed by treatment which restores a harmony of forces in the system. The malady is always inherited and age-lasting for the individual unless wisely medicated upon its first and every appearance. In reviewing the subject of eczema in its manifold ramifications and manifold expressions, I venture to make a statement which seems to me self-evident, viz., most diseases that come within the category of "acute contagious disorders" would never prove fatal save for their complications with and by some form of the chronic miasms spoken of by Hahnemann—syphilis, sycosis or psora. Measles, scarlatina, small-pox, in short, all exanthemata would run a mild non-destructive course but for the reasons given.

Eczema, a catarrhal affection of the rete-mucosa, may be a mixture of all three of the above miasms, or it may be a modification of either, such modification resulting from the "cultivation," speaking in modern parlance, of transmission from one generation to another. Sufficient evidence to substantiate this position is given in the chronic

diseases of Hahnemann, and the observing physician of to-day can always cite instances that settle the matter to the satisfaction of his or her own mind.

Infantile eczema is one form of an expression of inherited psoric taint. The appearance, character and pathology are familiar to all and covers greater ground than can be elucidated in "four thousand words." The question of its curability and the dreadful consequences of a failure so to cure throws it into the front rank of maladies that command our consideration. I am inclined to think that we do not appreciate the remote conditions that arise from an eczematous diathesis; that we look upon eczema as a catarrhal flux attendant upon an eruption of the teeth in many cases, which will disappear as soon as "the child is done teething," and that ends it. Many mothers have, however, learned that it is better not to disturb the eruption as long as it accompanies the teething period, knowing that its disappearance from any cause is followed by other maladies. Still others stop at nothing to rid the child of the unsightly eruption, preferring to see a clean head, even if the subject is otherwise ill. Mothers frequently exclaim at the perfectly healthy condition of the baby when the eruption is in full bloom; upon the other hand, they wonder why baby is not so well when the "rash" dries up. These hints should be heeded by every practitioner. Astringent ointment, cure-all soaps, salves and cerates without number should be dropped from the armamentarium as pernicious agents, the use of which is fraught with extreme danger. We are compelled thus to recognize the fact that we are dealing with a disease that in any other locality than upon the skin leads to death sooner or later. Hence, to remove it in any manner other than the Hahnemannian method of correcting the internal dynamis is unwarranted and injudicious.

By referring to Gray, Allen and Fox, we find that the reticulo-mucosa and mucous membrane are analogous structures. Thus catarrh attacks either tissue with equal violence. Driven to the mucous surface of the pulmonary structures, we have bronchorrhœa; to the intestines, chronic diarrhœa or dysentery; to the nervous system a train of hysterical symptoms, paralysis, etc.; to the excretory organs, Bright's disease; and functional as well as organic disorders everywhere. True epileptic convulsions have been known to follow its disappearance, but the fits would be modified during the

violence of an intestinal catarrh. Recent authorities upon the subject of skin diseases and diseases of children disparagingly refer to the idea of suppression of eczema, claiming never to have seen a case. When it is remembered that manifest skin diseases, and not the consequences of their suppression come under the ken of the dermatologists we may be pardoned for rating them as poor authority upon the subject. That skin diseases suppressed by local astringent measures are followed sooner or later by direful results every practitioner can attest. Dr. Carroll Dunham prescribed for and cured a case of deafness in a child who had had eczema upon the scalp suppressed years before. I have seen a case of obstinate asthma follow the disappearance of a rash upon the chest. Also a case of meningitis from the supposed cure of eczema capitis by Zinc ointment. The case recovered only when the eruption reappeared. Another case, a child in one of our children's institutions. The humane (?) nurse bathed the child's head with benzine to allay the itching. The rash dried up and the child fell into a comatose state and died. A woman who had suppressed an eczema upon the lower limbs was troubled with violent palpitation, great foreboding, fear of death and anguish. The whole nervous trouble cleared up when the rash reappeared, which it did under the influence of Lach. 200. Chronic bronchorrhœas, chronic diarrhœas, are caused by the presence of eczema upon the mucous lining of the lungs and intestines. I recall a case of bronchorrhœa where no history of eruption in the patient could be obtained, but later I ascertained that her mother had eczema before the birth of this child. The rash was cured (?) by salves, but there has been a constant burning heat in the skin at the former seat of the eruption. Chronic diarrhœa, painful in character, resisted what seemed to be the indicated remedy until I learned of an eczematous condition in other members of the family, when my patient received Psorinum with great benefit.

The best literature of our school contains records of cases that seem conclusive proof of the interchangeable character of the manifestations of eczema. An old lady of eighty, with an eczema upon the skin, has a chronic cough every winter when the eruption is not out. One of her sons has a throat-trouble that baffles the specialists one and all, and fares no better at the hands of the doctors. Another son died of erysipelas; a daughter has a "stomach trouble," with spells of fainting weakness. The children of these children

have ingrown toe-nails, eczema, coughs, and, withal, are a circle of invalids. May we not conclude the whole family inherited this unhealthy tendency from the mother, and have we not an illustration of the proposition that acute disease, complicated by the psoric miasm, proves fatal, as witness the death of the son? If, as has been shown, uncured or suppressed eczema stands a menace to the future well-being of the patient, how important it is that an early and complete eradication of the disease be secured. You will not be surprised when I assert that homœopathy can and does secure this end. The task is not an easy one, and is rarely accomplished by one remedy. The mixed nature of the disease makes it difficult to select the remedy. About the time Columbus discovered America nearly all Europe was ravaged by syphilis. It is possible that some of the forms of eczema are complicated by that unwholesome disorder.

With this idea in mind, we are sometimes led to select curative remedies. Many of our school abhor the use of a remedy that has often, in my cases, proved itself valuable, viz., *Psorinum*. It meets a class of cases that no other remedy does, and not to use it is neglect. After its exhibition, I have seen a suppressed rash reappear with characteristics that plainly indicated other remedies, which later completed the cure. Other cases have been cured during the action of this remedy. There is a dark, uncleanly appearance of the skin in *Psorinum* cases which bathing does not relieve, but is very unlike the black scales of the eruption requiring *Lachesis*. There is also a fetid odor about the patient not found in cases where *Cuprum acet.* restores the suppressed eruption.

The usual remedies and their indications are well known. *Ars. alb.*, *Rhus tox.*, *Merc.*, *Mezereum*, *Hep. sul.*, *Crot. tig.*, *Graph.*, *Nat. mur.*, *Sul.*, *Petroleum*. I have been most successful when using the higher potencies, not repeated too often.

Cleanliness does not cure eczema, neither does filth produce it; but when once established, moderate bathing of the head with warm water relieves the itching and prevents the formation of crusts which confine the secretions beneath. There are idiosyncrasies which prevent some people from the use of water. I have attended cases where water seemed to poison and irritate to such an extent that until its use was abandoned the trouble increased. Olive or cotton oil was used for bathing, and under the same remedy the disease disappeared.

Much fresh air is necessary. The masks and caps that are intended to protect the child against himself are often an abomination, as they keep the baby's head hot and increase the discomfort accordingly. The use of pure water as a drink is absolutely necessary. If the subject of diet could be mastered, and the material given which the system could assimilate in only sufficient quantities, the cure of eczema, as well as all other diseases, would be greatly hastened.

Every case is a new study, and one whose surroundings and ancestors the doctor cannot know too much about. He only deals justly with humanity, who recognizes it as a constitutional disturbance, daring not to suppress, but with the energy and fidelity worthy a great trust studies, individualizes, and adapts remedy to disease as taught by the author of homœopathy.

#### DISCUSSION.

F. H. ORME, M.D.: It was intended and expected that the paper just read would have been sent to me in order that I might have made some preparation for its discussion; but as, from some doubtless unavoidable circumstances, I reached here before the paper reached me, any general discussion cannot be expected.

I cannot refrain, however, from making a few remarks with regard to the paper just submitted. It is able and admirable in matter and in manner. It presents much sound doctrine, and is worthy of careful consideration. Such a paper as this, from such a source, illustrates and demonstrates the wisdom of the course of the American Institute of Homœopathy in being the first national medical organization in the world to admit women to membership, thus, in another way, aiding in the "elevation" of the profession. And this is only one of the many excellent contributions to our general work by Dr. Chapman and other lady members.

Women often have special opportunities for making useful observations in practice. Witness the exposure in this case of the fallacy now propagated by some dermatological specialists, that no evil effects are "seen" from the suppression of eczematous and other cutaneous eruptions. Dr. Chapman *has* seen, what we have all seen, that evil results *do* arise from this superficial method of dealing with these affections. Those who are acquainted with homœopathic literature, and those who have observed carefully in this direction, are well aware of this, and are not likely to be influenced by the teaching of the specialists referred to. That the specialists do not "see" these results is due to the reason given by Dr. Chapman. A child may be taken to a dermatologist for treatment of an erup-



tion ; but when morbid processes are set up internally after the suppression of the eruption,—possibly a considerable time after,—it is not the dermatologist, but the general practitioner, who is sent for to deal with the convulsions or other trouble produced. No, the specialist does not “see” it!

Hahnemann showed, probably more fully and emphatically than any other medical writer, the great viciousness of the superficial method of dealing with these affections, and it would be well for our old-school specialists to learn from him.

It is not only physicians of our school who recognize the danger of suppressants in eruptions. Old-school literature, for centuries, has been full of testimony in this regard.

The analogy between eczema and catarrh of the mucous membranes is now pretty generally recognized, and prudent physicians will probably be still more cautious in the future about resorting to heavy-handed, repellant, superficial treatment of cutaneous eruptions.

The importance of reflexes is also better understood, and is becoming more and more appreciated.

But I did not rise to discuss so much as to commend the valuable paper, to the reading of which we have just listened.

C. B. GILBERT, M.D. : I want to say, in commendation of that paper, that it is one of the very few papers that I have heard read in this society, or any other society, which is above criticism. I simply rise to make one little addition—it is the use of Medorrhin and Syphilin in the eczema of infants. The syphilitic symptoms in infants you all know ; even if they do not show themselves in a new-born child or in a young child, and I know the father has suffered from syphilis, I have never yet failed to get a good effect from Syphilin. If, in a new-born child, I find a small white papular eruption at birth, or shortly after, I have never failed with Medorrhin to get a good result. If it does not show on the skin, but the child suffers from the disturbance of the mucous membrane, and I know the father has suffered from gonorrhœa, I give that child Medorrhin ; even in children who have grown to an older age, where we know the habits of the father, in these conditions you will always get a beneficial result from Syphilin or Medorrhin. That the millionth potency of Syphilin (Swan) has effect upon the healthy body I know for a truth, for I have made a proving of it on my own body ; with the Medorrhin I have never experimented. When the children grow to be older, and show the syphilitic or gonorrheal teeth, even then these nosodes come in with excellent effect, and I have never been disappointed in their action. I give them very high.

J. C. MORGAN, M.D. : I have been very much pleased and impressed, and my homœopathic faith invigorated, by listening to Dr. Chapman's paper. One of the earliest recollections of my life is of

a dear little babe, the delight of a circle of friends, of which I was proud as a child to consider myself as one; who had, as I remember, an eruption upon the left mastoid region, a boy, five or six months old; and I was, as is usual in such cases, made useful by the mother, who sent me to the apothecary store for a box of tar-ointment, for the purpose of making a local application to the eruption, the eczema as I now know it was. I saw that interesting baby—and it is very vividly impressed upon my mind at this moment—two weeks later with the eruption cured, but lying in its cradle with upturned, unconscious eyes, and a little later, dead. The child perished of hydrocephalus. Now, it would be very hard to convince me that there is no harm in treating eczema—which I hold to be the “itch” of Hahnemann—especially the treatment of eczema capitis of children, by local repellant applications. I believe that harm can be done, and is done, through lymphatic absorption, in spite of the testimony of specialists, which has been so ably alluded to and explained by Drs. Chapman and Orme; they do not see the results of their special applications as the general practitioner is then called in, and are therefore, not good witnesses. I would say, in this connection, that Dr. Malcolm Macfarlan and Dr. Farrington, of Philadelphia, have signalized the use of tar internally, by its application to the treatment of eczema under its Latin name, *Pix liquida*; which they have prescribed with success in 51st potency, of which I can give a graft to any one who desires it. This preparation was recommended to me by Dr. Farrington, who had already tried it successfully, and I can testify to its value in eczema. In this affection, it is the first thing I think of. I give, usually, four doses of the medicine, and don't push it. The leading indication is, aggravation in hot weather and at night in bed, when the *itching* is often intolerable.

RICHARD HUGHES, M.D.: I want to say a word relative to one subject touched upon by Dr. Chapman. She has spoken in a somewhat condemnatory manner of those who reject the use of Psorinum. I would speak for and defend those who do reject it. It is not merely because it is a “nasty” nosode that we do so, but because there is no such thing as Psorinum. If you will look in Allen's *Cyclopædia* for its proving you will find the substance-word derived from two sources. In one instance (Hahnemann's), the itch-vesicle was punctured, and its contents were potentized with sugar of milk, and—after being raised to the 30th—taken by the mouth. Now, what is an itch vesicle? It is the direct local product of the *acarus scabiei*, an elevation of the cuticle with a little serum beneath. There is no specific poison there. It is not like the pustule of small-pox, or the vesicle of chicken-pox, in which there is a definite virus, contagious and inoculable; and no one has ever affected any one with itch or any other disease by inoculating them with the itch vesicle. I say the contents of the itch vesicle do not contain anything specific.

It is simply the serum of the blood brought to the surface by the ravages of the parasites. Now, you will find the second source of the pathogenesis of Psorinum to have been the "product of 'psora sioca,' the epidermoid efflorescence of pityriasis."\*

Here, again, have you any definite contagion? anything that is transmissible from person to person by direct inoculation? I don't know that any experiments have ever been made for that purpose as they have been made with the itch vesicle, but, if it were so, I am sure they would be equally futile. Therefore, in the first place, I say there is not any specific virulent matter in the substance properly called Psorinum; and, secondly, the thing actually so-called, may be one of two things, both entirely devoid of specific morbid action, and, by inference, of any medicinal action whatever.†

J. H. HENRY, M.D.: I have nothing to say of this paper by Dr. Chapman but praise. I endorse every word of it. Some six or eight months ago, I was called to a child suffering with *tinea capitis*, the only son, the pride of a mother's heart, on which she doted. I treated it, I think, well. The child suffered a great deal from itching, keeping them awake at night from much crying. I said to the mother, use no ointment on the head of the child. I told her if she did, and suppressed the eruption, the child would die with pneumonia or brain-trouble. She finally sent for Dr. Clarke, an old-school physician, who said, these homœopaths don't know what they are talking about. He gave an ointment to rub on the head; in six weeks that child died of pneumonia. Another case, of an old man who was suffering with a sore leg. He said he wanted his leg cured up. I told him I wouldn't do that; he would live longer with that sore leg than he would if it was cured. Another physician said he could cure it. I said, if he did, with local remedies, the patient would have shortness of breath, and heart-disease. The cure was made, by local applications. He is now in his grave. I endorse every word of Hahnemann's psora-theory. If we wish to go to the foundation of disease, we must be governed by this

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\* At the Congress, speaking from memory, I said, "Herpes," but the argument is untouched by the substitution.—R. H.

† When I made these remarks, I had not read the paper by S. Gailliard, the substance of which I subsequently communicated to the Congress. He adduces some evidence that the *acarus scabiei*, like the *bacillus tuberculosis*, emits a virus, which, by absorption into the system, may produce secondary effects. This is interesting, in view of Hahnemann's doctrine of the origination of much chronic disease in an attack of itch; and, if it be confirmed, it must modify my assumption that Hahnemann's Psorinum was nothing but blood-serum. It does not, however, make Gross's substance, so-named, anything more than epidermis; and, at the best, if the thing now supplied as Psorinum by the druggists is derived from the itch-vesicle, its use belongs to isopathy, not to homœopathy. It is given as Syphilinum is (i.e., by Dr. Wildes, in the *Homœopathic Physician* for July, 1891), because the patient has acquired, or inherited, the taint of which it is supposed to be the virus; not because of the symptoms it has caused when proved on the healthy body, which symptoms are present in the case under treatment.—R. H.

doctrine. With Hahnemann's psoric doctrine we can go anywhere, and not fear to meet disease in all its varied forms.

DR. MORGAN: If memory serves me truly, Dr. Hering once said, in my presence, that the virus of his *Psorinum* was taken from a genuine itch pustule—a case of true scabies. He remarked, at the same time, that he took it for granted that only such principles of the virus as were diffusible in the added alcohol could enter into the drug form.

The constitution of such a virus cannot be identical, as Dr. Hughes thinks, with blood-serum. There are also present the white corpuscles, with their inherent principles, and, if the acarus have been long a resident of the vesicle, its physiological products must also be included; and lastly, the various organic principles produced by the vital action of the cutaneous glands. From such chemical qualities the virus doubtless derives its specific nature and utility as a drug.

MILLIE J. CHAPMAN, M.D.: I don't know whether there is such a thing as *Psorinum* in the market, derived from the itch pustule. I only know that when I have the symptoms calling for the product marked *Psorinum*, and I administer it, it is followed by curative results. Whether it be *Psorinum* or moonshine or sunshine I do not know. I am satisfied with its results.

*THE IMPORTANCE OF DIETS IN DISEASES OF  
CHILDREN.*

BY WILLIAM OWENS, M.D., CINCINNATI, OHIO.

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THERE is perhaps no one subject of more importance to the medical profession and the public generally, than the relation of foods to infants, who, by reason of their helplessness, commend themselves to our warmest sympathies.

Of foods generally it may be said that the medical profession in its wisdom has not yet discovered a diet uniformly suitable for all infants and children, upon apparently similar conditions, nor is it likely that such discovery will soon be made. It is not long since milk was regarded as the universal diet for these little ones. If the mother failed, a wet-nurse was often called; if this could not be done, cow's milk, goat's milk, or asses' milk was substituted. Now various artificial foods of more or less value have taken the place of these.

A worthy class of physicians, with Sir William Roberts at their head, maintain that the palate is the dietetic conscience and recommend that whatever the party relishes, in health or disease, is his best diet.

While this may have a shadow of truth in it, it cannot be accepted as a guide under ordinary circumstances. The caprices of appetite, as society is now constituted, if indulged would, in a large number of cases, prove unfortunate. It is well known that under all morbid processes, the functions of nutrition are very liable to become perverted; the appetite suffering more frequently and profoundly than any other.

And this is especially true of children whose discretion is not of the highest order, being often overfed, underfed, or badly fed.

We are indebted to Dr. Holt for certain measurements of infants' stomachs. He reports the measurements of one hundred and forty-

three infants' stomachs, in which it was found; first, that at birth the average capacity was one ounce, and that there was an average increase of one ounce per month for the next three months, or a capacity of four ounces at the end of three months; second, it was found that from this time to the end of the eighth month the capacity was increased to about six and one-half ounces; third, from the eighth month to the fourteenth, the increase reached nine ounces, and that these quantities may be taken by the infant every two, three, or four hours, according to its age, and that quantities in excess of these tend to overload the stomach, derange digestion, and disturb the bowels, giving rise to sour eructations of curdled milk, mucus, bile, and other substances—or the food may pass downward upon the bowels inducing colic, diarrhœa, and possibly acute or chronic enterocolitis and not unfrequently, catarrh and ulceration of the intestines.

#### THE INFANT'S SURROUNDINGS.

Let us call your attention to the hygienic conditions which should attend any child as a birthright.

First.—He should be well born, of healthy parents, with happy surroundings, of good moral and mental characteristics.

Second.—The infant should occupy a room well lighted and ventilated and kept comfortably warm, for the reason that the infant has but little resisting power against cold. He should have warm clothing suitable to the season without regard to fashion; the clothing should cover all parts of the body and limbs; the clothing should be soft and loosely fitting; in winter it should be flannels or woollens and fastened with buttons or hooks, avoiding all elastics, securing warmth, freedom of motion and cleanliness. All children desire to be in the open air; in suitable weather this desire should be indulged and they should have such amusement as can be readily provided.

#### SLEEP.

Infants usually spend most of the time between birth and the end of the third month in sleep, and in this should not be disturbed, except for nursing or other attention. From this time he may be required to sleep from seven to eight hours each night, and take two or three short naps during the day. From eight months to the end of two years he should be required to take a good nap every day

and retire at an early hour of the night. From birth to two years of age he should be bathed once each day and in warm weather he will be benefited by two or three baths a day. Bathing for the young and growing child is a necessity and a valuable tonic to the nervous system, allays irritation and promotes a healthy condition of the skin.

### FOOD.

But all other conditions combined are by no means equal to the importance of diet and principles which govern its selection; all foods may be described under two heads—nitrogenous and non-nitrogenous (carbo-hydrates). The first includes the albumins of meat, milk, and eggs, and the gluten from the cereals. To the second belong all the carbo-hydrates (starch and sugar) of vegetables, grains, and fruits, etc.

Feeding also may be described under two heads—nursing and hand or bottle feeding. Milk, from whatever source, belongs to the nitrogenous variety of foods—and if good in quality and agrees with the child, should be used chiefly as a diet until he is six or eight months old, and in combination with other foods until he is at least one year old. The same is true with regard to the hand or bottle feeding of infants; when under these foods, if the child remains healthy and happy the physician is seldom consulted.

When the infant shows indications of disease, it becomes the physician's duty to rigidly inquire into the cause or conditions which gave rise to it and as to the child's antecedents and manner of living.

Whether he has had too much food or has taken it too often, or has taken improper food, or has taken improperly prepared food, or whether the illness may not have arisen from cold or other causes.

While the mother's milk may be the best food for a child in health, it does not follow that it is always the best in disease. It will often be found that the mother or wet-nurse has been indulging in objectionable articles of food or drink. When this is found to be the case, the conditions must be changed.

It has been stated on good authority that more than one-third of the mortality among infants arises from dietetic errors on the part of the mother or nurse; also it has been said that nature is prodigal of life. It is true also that the absence of wisdom is prolific of death

Nature produces no offspring for sacrifice to our ignorance or carelessness, and therefore, needs no Besant or Bradlaugh to counsel limitation to her efforts.

Statistics show that forty-three and seven-hundredths (43.07) per cent. of all children born alive die before the age of five years, and that of this number more than one-third succumb to diseases of the alimentary canal—usually the result of errors in diet. If this be true, the great question of age arises before us. How shall we modify or arrest this appalling evil? Three ways are suggested, by hygiene, diet and therapeutics. The first we have discussed briefly but sufficiently. The second is the more important and should receive our most careful and earnest consideration.

In selecting food for infants, due regard should always be had to the age of the infant, to his condition, as well as the quality and quantity of his food. We have already mentioned the fact that all food is made up of nitrogenous and non-nitrogenous substances; we have also mentioned that the nitrogenous are composed of the albumins of meat, milk and eggs, and the non-nitrogenous are the carbo-hydrates of fruits, vegetables and grains; each is suitable for infant diet under certain but different conditions. The following rules may serve as a guide for their proper selection when certain conditions exist in connection with derangements of the alimentary canal:

*First.*—If the infant throws up his food, give it less; if it passes through the bowels undigested, change it; if it has been partaking too freely of nitrogenous food, give of the carbo-hydrate; if it has been partaking too freely of the carbo-hydrate, substitute one of the nitrogenous articles, or mix them as in some of the following forms and dilute with hot water:

#### YOUNG INFANTS.

FORM I.—Cream, two teaspoons full; whey, three teaspoons full; hot water, three teaspoons full; milk sugar, one-fourth teaspoon full. This may be repeated every two hours.

FORM II.—Milk, nine parts; cream, one part; Mellin's food, one part; hot water, two parts. Dissolve Mellin's food in hot water and add the other, stirring slowly.

FORM III.—Or still better, the following: lamb or veal broth and barley water, equal parts. Use as a substitute for milk foods.



FORM IV.—Milk, two parts; cream, one part; milk sugar, one part; barley water, four parts.

FORM V.—Condensed milk, one part; cream, one part; hot water, four parts.

These two last may be well substituted for carbo-hydrates when they disagree with the infant.

Should milk in every form disagree with the infant, or ferment in the child's stomach, it would indicate an excess of lactic acid. When such is the case, we must substitute the "Flour Ball," "Mellin's Food," or some other farinaceous article instead.

If it be found that the carbo-hydrates or farinaceous articles of food ferment, or become sour, the following may be substituted: Barley jelly, two parts; milk sugar, one part; warm milk, sixteen parts. A pint of this, and no more, may be given to a child six months old in twenty-four hours, by which time the stomach will be restored to its normal condition, when the former diet may be gradually resumed. If the discharges from the bowels have a putrid, offensive odor, it would indicate the decomposition of nitrogenous food. This food must be immediately changed and not resumed again until the child has become thoroughly restored, on account of the very great liability to formation of albuminoses or putrefactive changes, resulting from ptomaines remaining in the alimentary tract. As a result of these changes, the infant may suddenly succumb to their poisonous effects; or these conditions may become continuous, giving rise to flatulence, colic, diarrhoea, acute or chronic intestinal catarrh, followed by ulceration and not unfrequently, death.

A knowledge of the causes which give rise to these conditions will enable us to select a food favorable for the modification of these diseases and favor successful application of our therapeutics.

Infants should not be allowed to partake to any extent of meat fibre, or fibrous vegetables, until they are two or two-and-a-half years of age, or until the first teeth are fully developed, nor of starchy food until they are from eight to twelve months old, or until Ptyaline is developed in the saliva.

During the period of teething, children are usually more or less peevish and demand largely of liquids, or liquid food. The best fluid under these circumstances is water, and they should be allowed to partake of it liberally.

Lamb and veal broths may be given to infants of three months—barley water, barley jelly and rice water may be mixed with them and given at four months—beef tea at six months; cream and whey may be given sparingly the second month, and milk well diluted after two or three days from birth, but should always be sweetened with milk sugar.

A most valuable adjunct to the dietetic management of infants, afflicted with enterocolitis occurring as result of errors in diet during the second summer, or earlier, should it so happen, is the fat of ham or breakfast bacon with the grease well fried out. Give the infant a piece and allow it to suck at it freely; it is usually very grateful and soothing to the mucous membrane of the alimentary canal and tends to correct the most serious and dangerous form of putrefactive fermentation; that which arises from the chemical changes in nitrogenous substances developing albuminoses, tyrotoxicon and ptomaines which are now demonstrated to be most deadly poisons, and cause large infantile mortality.

The butyric fermentation is not often encountered in infantile diseases. A third form of fermentation, the lactic, arises from chemical changes, occurring in milk, meat, etc., and while annoying, is not a serious form of trouble. A fourth form more frequent, though less dangerous than others, is the acetous, produced by the fermentation of saccharine substances under the influence of the chemico-vital processes within the stomach. The indications to be met in the management of these affections is first, if the hygiene has been faulty, correct it; second, if the diet be faulty, select a diet suitable to the child's condition, and third, select a drug, which will aid nature and proper diet and hygiene, to correct these aberrations.

The physician, by wise and judicious counsel, often succeeds in averting many of the serious consequences arising from errors in diet and hygiene, and in addition to these, when the conditions do not yield promptly, the following drugs may be consulted and administered should the indications demand them. In suggesting these drugs it is not the intention of the writer to forestall full and free discussions of the views herein expressed. He desires to cover a few, only, of the leading conditions in the symptomatology of these ailments.

## THERAPEUTICS.

If the derangements arise from nitrogeous substances attended with putrid, offensive stools, which are usually large and thin, but seldom watery, *Ars. iodat.*, *Bry.*, *Bell.*, *Cham.*, *Croton tig.*, *Ipecac.*, *Creosote*, *Merc. dulc.*, *Pulsatilla*, and *Rheum.*, are usually indicated by the following symptoms.

*Ars. iodat.*: Stools from three to eight or ten during the twenty-four hours; putrid, offensive smell, scenting the whole room; the child's body has an offensive odor.

*Bryonia*: If aggravated by changes from cool to warm weather; stool yellow, thin or soft, attended with much flatulence in left colon. *Bell.*, stools frequently grass green, attended with pain and griping; face pale.

*Chamomilla*: Stools frequent, like curd of undigested milk, attended with pain and griping; the child cries, is restless, wants to be carried.

*Croton tig.*: Stools large, frequent, watery, come with a gush, followed by straining; child is very thirsty; cries as if in pain; restless; exhausted after stool.

*Ipecac.*: When the child is constantly gagging, as if sick at stomach; stools usually large, frequent and painless.

*Merc. dulcis*: Tongue coated with white fur; nausea; pain in abdomen; griping; stools small or large, green, or like scrambled eggs; bloody, excoriating the nates.

*Creosote*: Derangement from meats, milk or eggs; nausea, vomiting of undigested substances; stools usually large, thin, putrid and offensive; thirst, rawness, redness and soreness of mouth and tongue.

*Pulsatilla*: When diarrhoea arises from eating too rich food; stool large, offensive, green, white, like batter, or brownish.

*Rheum*: When stools are large, dark, or light-yellow or brown, exceedingly sour smelling.

## THERAPEUTICS—CARBO-HYDRATES.

When derangements arise from food containing chiefly carbohydrates, the following are the chief drugs:

Acid stomach: *Carbo veg.*, *Rheum.*

Retching and vomiting: *Ipecac.* and *Rheum.*

Colic, diarrhoea, stools sour: *Rheum.*

Great restlessness; red face; cries to be carried: *Cham.*

Therapeutics of chronic entero-colitis: Ipecac. is the chief remedy given in trituration for frequent daily discharges of fecal matter, mucus and undigested food. Ars. iodat. and Strychnia may be consulted; also in scrofulous children, Baryta c. and Cal. phos.

#### DISCUSSION.

J. B. GREGG CUSTIS, M.D.: I just wanted to call attention to the tests as to your success in your feeding. I have found that when the child sleeps well its nourishment is right; if it does not sleep well you can be pretty sure there is a deficiency in quality or quantity of the milk, and until you make that right either with another strength of the same food or an entirely different food, the crying and wakefulness will continue. We often have to use artificial food even when the mothers furnish abundance in quantity and even though the child vomits and gives every evidence of having the stomach filled. The child cannot sleep. You may find that, by offering the child other food after having nursed, it would go to sleep and sleep the proper time. Again, the discharges. We ought to ourselves remember that if the child is habitually constipated the food is not strong enough for that infant; whilst in the absence of disease, if the stools are frequent and loose, the food is too strong for the child. This has been the test that I have used in forming my judgment as to the quality and quantity of food in relation to any particular child. It is impossible for us to lay down rules that we can be guided by in the choice of foods for all light-complexioned babies, say, and another kind of food for all dark-complexioned babies. In certain conditions when there is very strong odor from the stools, bad odor from the stool, when the contents of the cloth are of a atrocious odor I find that the contents of a vial marked "Psorinum" fits the case very well and proves curative, and I wouldn't dare to ignore the experience of physicians like Dr. Chapman, or the old men like Hering and others that we all recall. So when we find that the contents of that vial prescribed in accordance with the symptoms laid down in the materia medica will bring about curative results every time, no matter what may have been its source—the source of the medicine—we must prescribe it no matter what it may be called nor whence derived.

E. B. HOOKER, M.D.: Just a few words on the subject under discussion. Dr. Owens stated that if the child was vomiting, the quantity of food should be diminished; if in the fæces there were found some undigested masses, or if there were putrefactive changes the food should be changed. Now it seems to me that in many cases it would be wiser, even when we find the undigested masses or the putrefactive changes, before changing the food to simply give less of the same kind, particularly if that food has hitherto agreed with the child. I should hesitate much to take the child from the

milk diet simply because in a case of bowel trouble there were undigested masses. In most cases it would be much better to diminish the food, as much as one-half or one-third of the usual strength, rather than to at once change the diet. I wish to call attention to the fact that sterilized milk is one of the best things we can use for bowel troubles in infants; thus far it has served me better than any of the artificial foods, and I think that the sterilization of milk for infants in summer when they are sick, or even when well, but particularly when ill, is a decided advance in our knowledge of infant feeding.

PEMBERTON DUDLEY, M.D. : Will the doctor tell us how he gets over the fact that, even if milk be sterilized, its introduction into the alimentary canal brings it into contact with unsterilized substances? Because of this fact I have always been a little doubtful of the efficacy of the sterilization of milk for infants, and because of that doubt I have not thus far been in the habit of resorting to it. My plan is, whenever I find the milk to disagree, and that changing the quality of the milk fails to secure benefit, to withdraw all milk of all kinds absolutely from the diet for a period of twenty-four to forty-eight hours, and until the green slimy discharge has ceased, and then to return to the use of milk again; and I have generally found it to produce very decided benefit; not always however.

WILLIAM L. MORGAN, M.D. : I have been very much pleased with this discussion, with everything that has been said; it has all been very good; but there is one thing in the diet of children, especially in diarrhoeas, that I would like to speak of, as in this especially I have had some considerable experience, and when I speak of this I will expect you to laugh. When I tell you what it is, you may be a little surprised, but it has been through an experience ranging over twenty-five years, and I am very willing that anybody shall try it whenever they get ready. The other foods that have been spoken of are all right and work well in their place; but when they have failed, and you are looking for a food as you do when looking for the remedy and feel very much lost as to what to do, when the baby is passing its food undigested, its milk curdled, and you try many foods and none of them agree with the child but it throws up the milk sour and almost every other symptom of the Psorinum condition prevails, if you happen to be in that house just about dinner-time, and you discover that very offensive odor of cabbage boiling, preparing for dinner, just think that that is the very food for your sick baby, and it will act as a remedy, or at least act as well. I have used it many times with patients of all ages from three days old to eighty-two years in diarrhoeas, the worst form of summer diarrhoeas and dysenteries with the most beautiful effect. Now how are we going to use it? Well, just remember to tell the cook when she is lifting out all the cabbage to give the baby a little of the liquor that is left in the pot to be thrown into the slop bucket. Take a half a

tea-cup full, season it just as you would the cabbage to eat; you may put a very small quantity of vinegar in it, may be only two or three drops, a little pepper if it needs it, but don't have too much salt. Use it fresh, feed it to the child with a spoon, not with a bottle; in fact, I agree with some others that the bottle should never be used. Always train a child to feed from a cup, milk or anything else, and it is a very easy thing to do, and they can be fed with very much less trouble from the cup than from a bottle. Some one asks how do you prepare it? Take the cabbage just as you would prepare it with corned beef or bacon—as prepared for laboring men to eat—with the beef or bacon. Then take a little of the liquor which remains in the pot after lifting out the boiled cabbage or meat. Give to the patient usually as much as a half tea-cup full. I have never had it specially boiled for a sick person; that is I have not had it boiled in any special manner for a sick person. It is particularly valuable when all other foods disagree with the child or patient; it has a capacity for making other foods digest. I give the half tea-cup full even to an infant ten days old.

WILLIAM OWENS, M.D.: The paper was not intended as an exhaustive paper on the subject. I am glad it has drawn out matters that were not presented in the paper. In regard to Dr. Edmondson's remarks I said something about hygiene, but I did not choose to read it although it appears in the paper. I use Kreosote as a protective against putrefactive conditions. In regard to the sterilization of milk, I had a sad experience within a year. I had sterilized milk, thoroughly I supposed, for two hours. I had two children that had passed through the dangerous stage of bowel disease, and I supposed that milk that had been sterilized forty minutes to two hours was perfectly healthy; one child had been perfectly free for five days from bowel discharges. It was allowed three times to take sterilized milk in twelve hours, and was dead in twelve hours afterwards. Another child had been in the country and returned to the city and had been well, so I supposed, for about a month. It was given sterilized milk also, not on my advice however. This child died within three days. That is my experience with sterilized milk. There does seem to be something in the milk that undergoes a putrefactive change when it enters the intestine, and if that peculiar putrefactive condition has once been established in that intestine it takes a long time to remove it. I believe, however, that Kreosotum is the chief remedy in correcting this condition. In regard especially to milk passing undigested I invariably stop the milk; I give a broth of meat of some kind, lamb or beef, thoroughly boiled. I give that in small quantities for twenty-four to forty-eight hours until the stools have changed from their diarrhoeic character, and have become more normal in color and in consistency; then I go back to my former diet gradually.



ESSAYS  
ON  
INSANITY AND NERVOUS DISEASES,  
WITH  
DISCUSSIONS.





*THE REST TREATMENT.*

BY N. EMMONS PAINE, M.D., WESTBOROUGH, MASS.

THIS subject has been chosen because it stands as a mark of progress. It indicates also the only decided advance made during the last fifteen years in the treatment of the insane. It is admitted that restraint has been lessened, the surroundings have been improved, freedom has been widened, and that medication has shown eddies of popular interest about certain remedies, but the percentage of cures has not increased, and insanity is still a chronic disease in the majority of cases. Instead, therefore, of writing on the broad subject of the treatment of insanity, and reiterating what is already widely known, I have chosen a subject less familiar to most practitioners, but one which marks a great departure in medicine.

What does the title, "The Rest Treatment," mean? The word "Rest" indicates the principal factor, but not all, of this treatment. It is, in reality, a compound of six elements, all of which had been previously well known, and most of them used extensively for years or even centuries. It remained for Dr. S. Weir Mitchell, of Philadelphia, by grouping them together, to furnish us with the most successful means yet known of overcoming those severe and most resistant diseases,—hysteria, nervous prostration, and insanity. He first published his system in 1875, and a year or two later it appeared in more complete form in a book entitled *Fat and Blood*.

The six elements of this treatment are as follows :

First, Seclusion.—Complete isolation from home and its influences gives the best results, preferably in a hospital, with a skilful, trained nurse as a companion. When this is impossible, the next in value is removal to a private family with which the invalid is unacquainted, still, however, in charge of a trained nurse. Where this cannot be accomplished, and it only remains for the invalid to continue living in his own home, in care of his own relatives, the outlook is unfavorable.

**Second, Rest.**—This is a very important element, and the one from which the whole scheme of treatment has taken its name. Rest means, in most cases, absolute quiet in bed. There is no work or writing for occupation, no reading or games for diversion, no walking or even sitting up for exercise or change; there is nothing to do but to lie quietly in bed for weeks. Even feeding himself may not be permitted. There are many cases, however, in which this extreme is not required. Such may be allowed to walk out for a few minutes or drive for half an hour once or twice a day, lying down the rest of the time, and, of course, refraining from the usual occupations. This modification is useful for men, as they do not show the same good results from extreme rest as do women.

**Third, Diet.**—Skimmed milk is the only food given in most cases for some days, the length of time depending on the patient's digestion. Bread, meat, and vegetables are gradually added until a full diet is reached. Then comes the question of quantity. Briefly, it may be said, the more the better. In addition to three full meals each day, there may be lunches of glasses of milk introduced between meals, the object being to overfeed the patient. Extract of malt is given at meal times, and cream or cod-liver oil may be added.

**Fourth, Massage.**—This word has been introduced into the English language from the French within the last few years, and embraces all the movements by which an operator exercises the skin, muscles, joints, and internal organs. Another term for the same group of exercises is passive motion. It includes, for the skin, friction, pinching, rolling, and slapping; for the muscles, rubbing, squeezing, rolling, kneading, and slapping, as well as flexion and extension; and for the joints, motion in all directions. At the beginning, massage is passive in character, but when the patient appears to be better and the time for ordinary exercise is nearing, the motion becomes active through the skilful use of the Swedish movements. The usual allowance of massage is half an hour to an hour six days in the week, although Playfair speaks of giving it three hours a day. The force with which it is given must be graduated to the strength of the patient. It is of special value in the evening, for it is usually followed by sleep.

**Fifth, Electricity.**—This is used entirely for its mechanical effect by applying a slowly interrupted galvanic current to all parts of the body and producing muscular contractions. It resembles massage

so nearly that it can be excluded from treatment more easily than any other constituent.

Sixth, Therapeutics.—That term includes (not only the ordinary tonics but) the medicines given for symptoms and intercurrent diseases.

Having described the six elements of the rest treatment, let us now consider the diseases to which it can be applied with hope of cure.

They are :

Locomotor ataxia.

Uterine diseases.

Chorea.

Hysteria.

Neurasthenia.

Insanity.

Perhaps it will be easier to remember the scope of this treatment by two generalizations, as follows :

First. It is limited to nervous diseases.

Second. It is further limited to nervous diseases formerly termed functional. The further from diseases of this class one strays in applying the rest treatment, the less satisfied will he be with his work.

Upon glancing over the list once more, we see locomotor ataxia standing at the head. That is included because it was recommended by Dr. Mitchell for his treatment; but, nevertheless, I believe it should be excluded for two reasons: first, and theoretically, because it is not a functional disorder, but is a lesion of certain columns of the cord, recognizable in every case; and secondly, and practically, I have not met with, or read of, cures after receiving the rest treatment. To claim more for it than that it makes the patient more comfortable and also prolongs life, is, in my opinion, doing more than is justified by results.

Of the next division, uterine diseases, care must be taken in selecting cases for this treatment to reject those with gross lesions and apply it only to displacements, disordered menstruation, neuralgias, and reflex disorders, the whole of which could be classed as functional nervous disorders according to our second rule.

Of its great value in chorea, the next division, there is no doubt; and what is quite noticeable is that the best results are obtained by

strictly adhering to the rules of seclusion, rest, etc. Its success in chorea was first discovered by an English physician,\* who has thereby greatly widened the scope of this treatment, extending to children what was originally applied only to adults. Although chorea is now held to be a disease of the cortex of the brain, the nature of the lesion is still in dispute, and we are justified in claiming it to be a perversion of function, and, therefore, peculiarly suitable for rest and over-feeding.

The next two divisions, hysteria and neurasthenia, may be considered together. It was for these diseases particularly that Dr. Mitchell devised his treatment, and other practitioners, by following his directions, have secured the same brilliant results.

Insanity is the last of the six divisions of the subject, because in connection with it the rest treatment is to receive special consideration, and also because its value in this disease is less definitely determined. Further subdivision is now necessary. It is useless to treat all forms of insanity by any method or therapy and expect cures always to follow. Although cases of general paresis, senile dementia, etc., may be benefited, that is, suffer less pain, retain the normal weight, be kept from harm, and life be prolonged, yet they cannot recover. In using the word insanity, therefore, as a class of cases appropriate for the Mitchell treatment, it is meant to cover only two of its forms, mania and melancholia. Of its value in melancholia, Dr. Mitchell himself has not a good opinion, for he says:† “On the other hand, the true melancholias, which are not merely depression of spirits from loss of all hope of relief, are best left alone as far as this treatment is concerned. The nutritive failures which so often accompany them must be met by other means than rest, seclusion, etc., and in this opinion I am sustained by some failures on my own part and by the opinions of Goodell and Playfair.”

This opinion of Dr. Mitchell's is not only shared but considerably emphasized by Dr. Clouston, the eminent Scotch alienist, who writes, “For the care of some of the cases a plan of treatment has been adopted, the most irrational that was ever conceived by the medical mind; it is that of the massage or making the muscles contract and the blood circulate faster by rapid percussion, squeezing and rubbing the body all over every day, while the patient is con-

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\* *Fat and Blood*, 4th ed., p. 33.

† *Fat and Blood*, 4th ed., p. 45.

fined to bed, instead of walking in the fresh air. Such a plan may suit a few exceptional cases with weak hearts, but to apply it to many cases seems to me utterly absurd.”\*

Notwithstanding this adverse testimony, the rest treatment has been used largely at Westborough, since the opening of the hospital four years ago. Moreover, it has been tried in every form of mental disease in order to discover accurately its limitations.

While it has been applied extensively at Westborough, I believe that priority of use of the rest treatment in asylum practice must be conceded to our noble predecessor, the State Homœopathic Hospital for the Insane, at Middletown, New York. The first case treated after this manner in that institution was in 1879, and the man recovered in three months after having been insane and under the ordinary treatment four years, although, singularly enough, he had melancholia. The rest treatment is now in constant use, not only at Middletown and Westborough but also at Fergus Falls, or in other words, at three of the five State hospitals under homœopathic management. In order to obtain reliable information concerning its use in other hospitals for the insane, I sent, a few months ago, to the superintendents of every State institution in the United States, the following inquiry: “Have you had any experience with the Weir-Mitchell Rest Treatment in the care of the insane?” Replies were received from 118, of which 38 were in the affirmative and 80 in the negative, showing 32 per cent. to be in its favor. That is a strong contrast to the homœopathic hospitals, where it is used by 60 per cent. Of its distribution throughout the country, it may be said in a general way to be unknown or not used in Canada, the far West, and the South, and to be only found in the Eastern and Middle States. One discovery made at this time was that not a single institution was reported as following the system in all its details, not even those in which it is regarded most favorably. Our own procedure may be taken perhaps as an illustration of the way in which this treatment is carried out in other hospitals for the insane, and it is as follows:

As many as possible have been secluded, that is, kept in single rooms and away from the disturbance of other patients, but the

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\* *Mental Diseases*, by T. S. Clonston, M.D., revised by C. F. Folsom, M.D., 1884, p. 63.

large majority have been kept, from necessity, in dormitories. One nurse to each patient has been given to but comparatively few, on account of the expensiveness.

Nearly all have had large quantities of milk throughout their time of rest. None have been restricted intentionally to a milk diet, however, although many have received no food except milk and other liquids for weeks, on account of the necessity of forced feeding.

Rest in bed has been insisted on in every case, using restraint if necessary. Manual massage has been given in many cases, but it is too expensive for general use.

Electricity has never been given.

Under the heading of Therapeutics, it is only necessary to state that in this hospital, the single homœopathic remedy is the only medicine prescribed and that hypnotics have never been administered.

Of the first 1300 admissions, 270 were so treated, 48 being men and 222 being women. Those numbers do not include the persons who were helpless or too weak to be out of bed, but only those who were strong enough to walk about, most of whom objected at first to remaining in bed. My reason for limiting the class to these patients is, that if too weak to remain out of bed they would necessarily be kept quiet and in bed under any form of treatment, and could not therefore be included in these figures without affecting their precision. Neither are persons included who were in bed for less than one week and, with one exception, all were kept in bed for two weeks or longer, three remaining 30 weeks, one for 32 weeks, and one for 40 weeks. The average duration of rest in bed of these 270 patients, without sitting up or exercising, was 5.9 weeks.

The forms of disease treated were mania, acute, chronic and puerperal; melancholia, acute, puerperal, and with stupor; delusional insanity, secondary dementia and inebriety.

The results have been as follows: There were 270 under the rest treatment; 75 with mania, 174 with melancholia. Those discharged recovered numbered 120, or 44 per cent. of the total number treated. No cases are classed as recoveries in which that was not apparent shortly after the return to out of door exercises and the ordinary way of living. Of the 75 cases of mania, 44 or 58 per cent. recovered, and of the 174 cases of melancholia, 76 or 43 per

cent. were discharged recovered, a showing decidedly in favor of the curability of mania over melancholia. Still, it seems to me that 43 per cent. of recoveries in melancholia is sufficiently satisfactory to warrant its continuation, and this percentage would be largely increased if the very many cases had been added that have recovered slowly after protracted rest, but not in so short a time as to make it the evident result of this treatment. I believe, however, that with massage and with a nurse to every patient the percentage of cures might be considerably increased.

As a result of rest under such circumstances, a gain in weight is to be always expected. While there are, of course, exceptions, the rule is that patients add from 5 to 20 pounds to their weight, and gains of 50, 70 and 90 pounds have been recorded in our books. Other results of our experience are as follows: In all cases of acute mania or melancholia there is an absence of hunger, there is sleeplessness and also rapid wasting. When the patient is finally quiet in bed after admission, the first sign of improvement is sleep, perhaps only a few hours at night and a nap or two during the day, but more than for some time before. The next hopeful indication is a little appetite; and when a patient feels again even a reminder of hunger at this stage, his recovery may be anticipated. A few days afterward, a rested look and a slight fulness of the face can be detected. Now is the time for the patient to begin sitting up, gradually increasing the duration day by day, until when the time amounts to an hour, a short walk can be taken out of doors. Next, the emotions display themselves, the one most noticeable and always constant being homesickness. That is a complete change for it does not exist in the active stage of either mania or melancholia. As convalescence continues and active exercise increases, the appetite becomes excessive, more sleep than usual is taken, and, with returning reason, the excess of homesickness passes away. Then has come the time for discharge. Oftentimes, on the other hand, an acute case begins to sleep a few hours at night, to eat rather less than normal, to lose scarcely anything in weight, and to remain at a stand-still mentally for months. Those are the cases for perseverance and a feeding tube. At this stage, both in mania and melancholia the important question is the one of prognosis. Briefly it is this: If the mind shows decided weakness, the case is hopeless and dementia has begun. Nothing remains then but simple and ordinary care for the patient.



Before closing, it is necessary to explain the action of the rest treatment. We must first, however, bring again to mind the fact that all diseases, to which it is applicable are of the functional type; or, in other words, that chorea, hysteria, neurasthenia and insanity, speaking broadly, are all due, not to demonstrable lesions, but to disorders of cell nutrition or to disturbances of circulation. That this is true of neurasthenia and certain forms of insanity can be proved to his own satisfaction by any one. Take for instance an old man; notice the loss of hair, the changed skin and the loss of weight, or, in other words, the atrophy of the external parts of the body which we see, and compare them with diminished acuteness of the senses, difficulty of concentrating thought or learning new ideas, and more particularly the loss of memory, of which all are the manifestations of cerebral atrophy. The decline that we recognize as true of the seen is also true of the unseen. Senility has been taken only as an illustration, but we can just as certainly read the condition of the brain in neurasthenia and insanity from their exterior manifestations. It is in fact enough to speak only of neurasthenia, for insanity is known almost always by that name only after previous displays of symptoms which are characterized as neurasthenia. Some of the symptoms are, objectively, loss of weight, paleness, and coldness of the extremities; and subjectively they are weakness, inability to think, and weak emotions, or, in other words, the anæmia which is evident externally is also the external condition. It can be detected by the blood-cells, and by the paleness of the brain, muscles and all parts of the body. The skin which has been cold and bloodless resembles the cells of the brain, which have had too little blood and of too poor quality for effectiveness, have gone on doing their duty when starving, and have finally given evidence of their inefficiency by the many symptoms of functional diseases. All that is needed so far to bring about recovery is a proper supply of good blood. That may be produced after the administration of properly selected remedies, or from a proper amount of out-door exercise, and a restriction from overwork to a fair amount of work, or even after giving up all work. If, however, no improvement follows these measures, then what is to be done? It is just here that the Rest Treatment proves its worth. It restores these persons to health by effecting one or more of the following changes: The heart may be weak in its action, too weak to supply properly all parts of the body

with blood. The horizontal position of the body relieves it at once of part of its load. The blood then reaches the brain in larger quantity ; it fills the anæmic capillaries ; it gives nutrition to the starving brain-cells, especially when the patient is stuffed with food ; and as perfect quiet is preventing further calls upon those cells and ganglia, they gradually repair themselves. This restoration is shown by returning sleep and especially by the heart and digestive tract. The heart ganglia being properly nourished and not overtaxed, allows the heart to return to its normal action. The nerves indicating the need of food had been too weak to do their duty until they were themselves properly fed and rested, when they again gave the sensation of hunger. It is the same with the intestines. They may be said to be always constipated, until the nerves controlling their movements are enabled to act again in a healthy manner. Their recuperation should not be attempted by the use of purgatives, but by giving them a large amount of easily digested food to work upon ; by quiet which limits the flow of nerve force to the merest necessities of life and not to the customary activities ; and by passive exercise of the bowels, which produces proper action without expenditure of the patient's nerve force.

Biliousness is another symptom that should not be treated alone, as it is only an indication of lessened innervation of the liver and will disappear as the strength returns. Many other examples of deficient or erratic action of the various organs of the body might be given, whereby distressing symptoms are occasioned. It is enough to recognize the danger to the whole body, of blood contaminated with imperfectly assimilated food, of improper changes in its constituents, and of waste products tardily removed. All these complex compounds may become veritable poisons. Tire may produce them even in a well person. Rest, by restoring nervous strength to the weakened organs, re-establishes healthy action and purifies the blood.

The rest treatment will not, however, cure every one. Some have become chronic invalids, others show already the indications of degenerative disease. But there are many who recover when it seems impossible ; and our own rule in uncertain cases has been to ~~seize~~ rest and the benefit of the doubt.

Rest treatment cannot be used by every practitioner. Even when recognized by the physician it may not be possible to

remove the patient from his own home, or to effect the next best thing, isolation in his own home, and when so much has been accomplished, there is still the difficulty of keeping the patient in bed, when the majority of these patients, especially the insane, are quite unwilling to remain quiet even for the few hours necessary for nocturnal sleep. It is also not easy to have the prescribed dietary carried out; the trained nurse may not be at hand, and without one this treatment is very difficult; and the massage or Swedish movements given by inexperienced persons are lacking almost entirely in good effects. And yet, after all, in the milder forms of nervous weakness, of what was termed spinal irritation a few years ago, and of hysteria, much can be done by giving partial rest to the patient, by adding milk and some of the prepared foods to the ordinary diet, by cessation from the usual duties or occupation, and following this with change of scene, etc., much can be done by any practitioner to prevent his mild cases becoming worse and reaching the stage where it is necessary for them to leave their homes and enter the last resort, the hospital for the insane.

*THE CURABILITY OF MENTAL AND NERVOUS DISEASES UNDER HOMŒOPATHIC MEDICATION.*

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HOMŒOPATHIC medication is of essential value not only in the treatment of acute disease, but likewise in correcting those abnormalities of the nervous system which prevail among the young who are afflicted by hereditary and constitutional pathological dyscrasias. In evidence, we place the histories and achievements of such drugs as *Calcarea carb.*, *Hepar sulphur*, *Mercury*, *Phosphorus*, *Sulphur*, and *Silica*.

The powers of homœopathy have likewise been displayed by the beneficial changes effected in the characters of adult individuals who may be afflicted by unfortunate habits, ungoverned emotions, and disordered wills. The interesting experiments of Dr. Gallavardin, of Lyons, France, may be referred to as evidence in this connection; and the provings of nearly all our homœopathic remedies display quite prominently the effects of drugs upon the mind, and its "frail dwelling-house"—the brain.

The virtues of homœopathy, and the efficacy of homœopathic medication have likewise been signally attested by results attained in the treatment of insanity (the ultimate of all nervous affections) at the State Hospital for the Insane, Westborough, Mass.; at the Asylum for Insane Criminals, Ionia, Mich.; at the Third State Hospital for the Insane, Fergus Falls, Minn.; and at the State Homœopathic Hospital, Middletown, N. Y.

It is an interesting and well-attested fact that the children of scrofulous or consumptive parents when reared under the influence of those homœopathic remedies which affect profoundly all the tissues of the body to such an extent that they are called constitutional remedies, grow up stronger and healthier, with better bony structures, with firmer muscles, and with fewer mental and physical ab-

normalities than obtain in those children who are still subjected to the absurd crudities and depleting exhaustions of old-school treatment. The experiments of Gallavardin in the cure of nervous diseases to the extent of changing the vile and vicious characters and habits of men have been recorded in a most interesting work entitled: *The Homœopathic Treatment of Alcoholism*. In this book, we find uncontradicted statements to the effect that homœopathic remedies may be successfully administered for the relief not only of hereditary or acquired drunkenness, but likewise of all the leading evil passions and propensities of the human heart.

As a fitting climax with which to cap the pyramid of proof that homœopathy is the one truly rational and scientific form of medication of almost universal application, we may present the results attained by the homœopathic treatment of that gravest of all diseases—insanity. This experiment has been continued in a State Hospital, at Middletown, N. Y., under public observation, for more than seventeen years. The records of this experiment have been placed in the archives of the commonwealth, where they are subjected to the scrutiny of every inquisitorial citizen. The results of this experiment have been such as to warrant the establishment of homœopathic treatment in State hospitals in the States of Massachusetts, Michigan, and Minnesota; and if right and justice shall have sway, the time will come when every State in the Union will be blest with a hospital for the insane where homœopathic medication shall prevail.

By way of episode, we may assert that homœopathy may not only cure those thoroughly developed cases of insanity which find their way to a hospital for the insane, but it may also prevent very largely the inception, development, and growth of insanity in the community. In the State of New York there are more than five millions of people. About one-fifth of the people in this State are adherents of homœopathy. In that State there are over sixteen thousand insane persons cared for in the various public or private hospitals designed for such cases. Now if the adherents of homœopathy furnished their full quota of insane patients, we should have at least three thousand lunatics of homœopathic proclivities. The State Homœopathic Hospital, at Middletown, was designed to accommodate all who might prefer homœopathic medication, both poor and rich. During the past seventeen years the Institution at Middle-

town has received, as a rule, all the insane whose friends preferred for them homœopathic treatment. In addition to taking care of homœopathic patients, we have admitted large numbers of patients who had, previous to their seclusion in the hospital, been accustomed to old-school treatment. While the Middletown hospital was designed for the accommodation of those whose friends desire for them homœopathic treatment, it is a fact that for several years a majority of our patients have come from old-school sources. At the present time, in a population of seven hundred and fifty patients, less than one-half are adherents of homœopathy, and accustomed to homœopathic medication previous to their admission to the Middletown Hospital. Here are some most significant facts. While we ought to have, as a matter of fair proportion, about three thousand patients in the homœopathic institutions of New York, we have, as a matter of fact, less than three hundred who were, previous to their insanity, addicted to the use of homœopathic medication when suffering from the ordinary diseases of life.

We believe that homœopathic treatment is efficacious, not only in the treatment of fully developed insanity, but is of special and marvellous value in the treatment of incipient insanity, and in the prevention and cure of cases which have tendencies towards mental disorder. During the past two years, and while the nation has been afflicted with a disease known as "La Grippe," there has been discovered a remarkable tendency to the development of melancholia—one of the most deplorable forms of insanity. It has been generally suggested that the disease known as "La Grippe" was responsible for this increase of melancholia. It is true that melancholia is the result, not only of mental shock, but of depletion or exhaustion of the physical powers of man or woman. Whilst the disease known as "La Grippe" is productive of great physical debility, we would venture to suggest that such drugs as Phenacetine, Antipyrine, Antifebrine, and kindred so-called remedies, by actually increasing the debility of disease, may be responsible for some of the mental depression following in the wake of "La Grippe." These powerful drugs may reduce the temperature with lightning rapidity; and, they may produce, likewise, cardiac exhaustion, cerebral enfeeblement, and consequent mental depression. The suspicion is excited, that overmastering drugs, unwisely administered, may be responsible for more than one-half of the insanity with which mankind is afflicted.

To resume. In ancient times, insanity was considered a possession of the devil, and consequently it was thought that its cure could not be effected by any rational medical means. Resort was had to prayers and incantations, and the administration of witches' broth from the cauldron of superstition. During the past century it has been discovered that insanity is a symptom of brain disease, and that all mental aberrations depend either upon organic changes of the brain itself, or upon some functional disturbance of the cerebral mass. Such being the case, it seems reasonable and natural that insanity may be cured just as readily as any disease of the lungs, or stomach, or other vital organs.

The nature of insanity having been misunderstood, the disease itself has, as a rule, become chronic and hopeless before any curative measures were resorted to. But, as we come to understand this disease more fully, and recognize its symptoms when first developed, then we may, with reasonable hope, anticipate a cure in a large proportion of recent cases. This assertion is, we think, true of the primary forms of insanity known as mania and melancholia. In general paresis, and in some forms of dementia, there are such marked and pronounced evidences of organic degeneration, that we cannot anticipate a cure in such cases any more than we can anticipate a cure in chronic tuberculosis of the lungs, or in chronic sclerotic conditions of the spine.

Insanity in its acute stages is, as a rule, characterized by either active congestions, or violent hyperæmias, or acute inflammations; or, in some cases, sudden and marked anæmias. These conditions of the brain may be relieved by suitable care; by secluding the patient from the original cause of the disease, and by appropriate homœopathic medication. The brain is not only the most important organ of the body, but it is, likewise, the most sensitive; and therefore, in treating it when diseased, the remedies applied should be used with the most delicate caution and skilful consideration as to the probable results. Drugs which affect the brain cannot be so easily eliminated from the system as drugs which affect specifically some other organs. If you give a medicine that will cause profuse expectoration, you may thus throw off from the system, to a considerable extent, those forces of the drug itself which might be inimical if allowed to remain. If you give a medicine that acts as a powerful cathartic, you may find that the bulk of the drug itself is cast out

with the *débris* from the bowels. If you give a medicine that produces a marked and specific effect upon the kidneys, you may feel quite certain that those powers of the drug which prove deleterious if retained in the system, have passed away upon the increased currents of urine. But, drugs which affect the brain, like Opium, Chloral, the Bromides, Belladonna, Cannabis Indica, Hyoscyamus, Stramonium, and the Veratrums, cannot be so readily eliminated, as to their injurious qualities, from the nervous system. The powers of such drugs remain in the hidden recesses of the human citadel, poisoning the most sensitive sources of life, prostrating the nervous system to an alarming extent, and producing results which may last for years, and continue their subtle damage even after their primary effects have apparently disappeared. We reiterate the belief that there have been more cases of insanity caused by the use of drugs in massive doses, than have ever been cured by such doses.

Homœopathic medication of insanity is naturally allied with that new theory of kindness toward the unfortunate insane. With mild medication goes, inevitably, mild treatment. But when a patient is knocked down with heavy drugs at night by the physician, he is likely to be knocked down in the morning by a rough and unfeeling attendant. If the physician sets the example of mild medication, then the nurse is apt to follow suit with mild and sensitive treatment of the case. Samuel Hahnemann set the example of kindness in the care of the insane, by his famous treatment of Klockenbring, the secretary of the chancery of Hanover.

We shall append to this paper a series of statistical tables, which shall show by contrast the results attained in the State Homœopathic Hospital at Middletown, N. Y., and the results attained in the old-school hospitals for the acute insane at Utica, Poughkeepsie and Buffalo. Without distressing this audience by a recital of these tables, we will state, in a general way, that the recovery-rate at the Middletown Hospital upon the numbers discharged each year during the past decade has been about fifty per cent.; while the death-rate, upon the whole number treated, has been about four per cent. In the old-school hospitals, already named, we may state that the recovery-rate, reckoned in the same manner as we reckon our own, has been less than thirty per cent.; while the death-rate, reckoned in the same way and for the same period, in the old-school hospitals, has been over six per cent. Here you see that the advantage in the



rate of recovery in the institution where homœopathic treatment prevails is as fifty to thirty, while the advantage in the death-rate is represented as four to six. The death-rate in the old-school hospitals has been about fifty per cent. higher than in the State Homœopathic Hospital, while the recovery-rate has been about forty per cent. less. All kinds of figuring have been resorted to in order to obscure, if possible, the brightness of our results, but in whatever way the figuring is conducted, the hospital at Middletown stands pre-eminent in results in the long run.

During the past one hundred years most notable strides have been made toward a proper comprehension of mental and nervous diseases, and marvellous progress has been made in the care, treatment, and cure of the insane.

Ninety-eight years ago Pinel struck the iron shackles from the limbs of fifty-three chained lunatics at the Bicetre, in Paris, in a single day. About the same time, or at an earlier date, Hahnemann wrote his immortal essay upon "Kindness to the Insane." The key-note of all modern treatment of lunatics is embodied in these sublime words of the sage of Coethen: "I never allow any insane person to be punished by blows or other painful corporeal inflictions, since there can be no punishment where there is no sense of responsibility, and since such patients only deserve our pity and cannot be improved, but must be rendered worse by such treatment. The physician of such unfortunate creatures ought to behave so as to inspire them with respect and at the same time with confidence; he should never feel offended at what they do, for an irrational person can give no offence. The exhibition of their unreasonable anger should only excite his sympathy, and stimulate his philanthropy to relieve their sad condition."

Hahnemann also portrayed in all his provings the effects of drugs upon the brain and mind, and thus foreshadowed their use as curative agents in mental and nervous diseases. Pinel gave freedom to the physical powers of lunatics. Hahnemann made the cure of insanity, with mild medication and mild treatment, possible, and thus he gave a glorious and unrestrained freedom to that spark of the Infinite—the human mind. All honor to Pinel, the philanthropist, who set the limbs of the insane free; but greater honor is due to Samuel Hahnemann, the physician, who taught us how to cure insanity, and thus free the human mind from the bondage of disease.

COMPARATIVE TABLES OF STATISTICS.

Table No. 1.

	PERCENTAGE OF RECOVERIES ON NUMBER DISCHARGED.								Percentage for whole period.
	1883.	1884.	1885.	1886.	1887.	1888.	1889.	1890.	
Utica.....	34.12	23.18	28.37	17.17	26.22	24.08	29.48	32.92	26.94
Buffalo.....	30.95	31.12	28.41	24.92	29.72	31.29	34.88	42.25	31.69
Hudson River.....	24.46	31.60	21.72	28.57	27.46	32.11	36.29	45.29	30.93
Middletown.....	46.00	48.22	50.38	50.95	51.33	46.94	51.79	53.59	49.89
Old School.....	30.92	27.75	26.78	22.44	27.81	28.29	33.02	38.90	29.48
New School.....	46.00	48.22	50.38	50.95	51.33	46.94	51.79	53.57	49.89

Table No. 2.

	PERCENTAGE OF RECOVERIES ON AVERAGE NUMBER OF DAILY RESIDENTS.												Percentage for whole period.
	1879.	1880.	1881.	1882.	1883.	1884.	1885.	1886.	1887.	1888.	1889.	1890.	
Utica.....	22.74	25.41	20.45	17.55	21.82	14.52	20.89	13.69	16.30	16.45	20.06	19.53	19.11
Buffalo.....			17.02	22.00	22.00	26.04	21.80	22.20	28.30	20.60	23.40	29.90	23.33
Hudson River...	9.00	11.00	9.00	18.00	18.00	21.00	18.00	17.00	20.00	18.00	21.00	18.00	16.00
Middletown.....	28.91	32.79	28.64	29.11	26.03	23.52	20.06	19.21	20.55	19.76	18.54	18.16	23.82

Average percentage of three old-school hospitals..... 19.48  
 " " of the Middletown Hospital, same period,..... 23.82

Table No. 3.

	PERCENTAGE OF DEATHS ON WHOLE NUMBER TREATED.								Percentage for whole period.
	1883.	1884.	1885.	1886.	1887.	1888.	1889.	1890.	
Utica.....	5.80	5.65	4.00	5.20	6.43	5.87	6.40	8.01	5.92
Buffalo.....	8.34	7.11	4.67	4.02	6.14	7.14	5.74	5.59	6.09
Hudson River	5.84	8.27	7.70	6.26	6.68	5.42	5.94	5.11	6.40
Middletown....	4.39	4.96	5.55	2.99	3.42	5.25	2.11	3.74	4.06

Average percentage of the three old-school hospitals..... 6.13  
 " " of Middletown Homœopathic Hospital  
 same period,..... 4.06

Table No. 4.

	PERCENTAGE OF DEATHS ON DAILY NUMBER RESIDENT.													Percentage for whole period.
	1879.	1880.	1881.	1882.	1883.	1884.	1885.	1886.	1887.	1888.	1889.	1890.		
Utica.....	7.73	6.89	8.15	9.17	9.64	9.13	6.84	9.01	10.25	9.98	10.69	13.46	9.24	
Buffalo.....			20.00	6.04	15.00	12.90	8.50	7.60	11.60	11.10	9.90	10.21	11.24	
Hudson River.....	10.00	15.00	13.00	15.00	11.00	14.00	12.09	10.00	12.00	9.00	10.00	8.00	11.58	
Middletown.....	9.09	6.99	7.42	8.43	6.79	7.25	8.20	4.14	4.71	7.11	2.79	5.19	6.51	

Average percentage of the three old-school hospitals..... 10.70  
 " " of the Middletown Homœop. Hosp'l, same period. 6.51

## OLD SCHOOL.

*Poughkeepsie, Buffalo and Utica State Hospitals.*

YEAR.	Whole No. Treated.	No. of Deaths.	Perc'tage of Deaths on No. treated.	Whole No. Disch'rged.	No. Disch'rged Recovered.	Perc'tage of Recoveries on No. Disch'rged.
1883.....	2017	131	6.49	776	240	30.92
1884.....	2187	148	6.76	872	242	27.75
1885.....	2251	117	5.19	922	247	26.78
1886.....	2364	122	5.16	967	217	22.44
1887.....	2367	152	6.41	1014	283	27.81
1888.....	2371	144	6.07	919	260	28.29
1889.....	2512	153	6.09	963	318	38.02
1890.....	2809	181	6.44	928	361	38.90

## NEW SCHOOL.

*The Middletown State Homœopathic Hospital.*

YEAR.	Whole No. Treated.	No. of Deaths.	Perc'tage of Deaths on No. treated.	Whole No. Disch'rged.	No. Discharged Recovered.	Perc'tage of Recoveries on No. Disch'rged.
1883.....	410	18	4.39	150	69	46.00
1884.....	423	21	4.96	141	68	48.22
1885.....	486	27	5.55	131	66	50.38
1886.....	568	17	2.99	157	80	50.95
1887.....	642	22	3.42	187	96	51.33
1888.....	672	36	5.35	213	100	46.94
1889.....	709	15	2.11	195	101	51.79
1890.....	802	30	3.74	106	105	53.57

## DISCUSSION.

H. B. FELLOWS, M.D.: This subject is certainly one that has been well handled, and I feel a great deal of pleasure in adding my little word to these papers. First as to the nature of them; they are good homœopathic tracts. When we can say to the community that we can cure 50 per cent. of the actually insane against 30 per cent. cured by the old school, we have appealed to the community in a way that will touch them; it appeals to their pockets as well as to their sympathies; and this is justified by the statistics that Drs. Paine and Talcott gave. Now, consider for a moment that in all the asylums there is the same chance for cure, the same freedom from excitement, isolation, the same rest, the same amusements,—the same throughout except the treatment: the old school does not have homœopathic treatment; and now, what can the difference be due to if not to the homœopathic treatment. This is a potent argument in our favor.

There have been articles written during the past few years, and I am sorry to say by members of this Institute, and of other societies, suggesting that we throw away the title of homœopathic. Do you think we can go to the State and ask for the care of institutions, and to the community and ask for contributions, without that title? I am proud of that title. We want more homœopathic asylums, we want one in every State—yes, we want more than one, we want our share. The man who would obliterate the fact of our distinctive practice and title is an unsafe counsellor.

In regard to the rest treatment, I can speak highly of it. I have frequently to do with those cases that would end in the asylum unless some preventive treatment comes in to head them off, and certainly the rest and feeding treatment is valuable in such cases. You would be surprised to see how much food these patients can take and not suffer from excessive feeding. I gave one patient last summer from fifteen to twenty eggs and milk in proportion, every day, and she went right on to a complete cure.

Now in regard to drugs,—their power to produce insanity. One case to illustrate. I had a patient a few years ago, a man, who became excessively jealous of his wife, who was a noble woman and faithful to him. But he got the delusion that she was unfaithful. When he came into my hands he was taking Bromide of potash as a hypnotic in sixty-grain doses, prescribed by an old-school specialist. Under this treatment he developed such a weakness of one side, that I feared it would end in paralysis. I stopped the Bromide and in a few months his wife was no more unfaithful to him, he was sleeping better, and all indications of paralysis had disappeared.

But we sometimes have to use these drugs in private practice: we get into tight boxes, and we do not know what to do. Our patients may be uneasy, ugly, or unmanageable, and we have to resort

to what is called "chemical restraint." I always do it with a little shame on my part that I cannot find the homœopathic remedy, just as I send a patient to the surgeon, not that surgery is the best thing, but because it is the best that I can do. As a temporary measure the use of these hypnotics may be allowed, but their permanent use is criminal, and if you must use them at all, do so because it is the lesser of the two evils,—because it may be more of an evil to allow the patient to wear himself out in being deprived of the use of these drugs. Remember the mind is not separate from the body, it is a function of the brain, and the brain is a part of the body; and if you medicate your patient on that principle you will save many from the asylums and cure the insanity in those who would otherwise have to go there. The premonitory symptoms of insanity can be removed, and you will be pleased with the success that you will have in this respect. I most thoroughly endorse these two papers.

J. C. MORGAN, M.D.: I wish in the first place simply to commend, and we all commend, the work of Dr. Talcott as well as other gentlemen engaged in the same work. I only want to add a few indications for the purpose of accomplishing the work just alluded to by Dr. Fellows. It is a very important thing to be able, without detriment, to keep patients committed to our care out of the asylums. I call attention, therefore, to some short indications for the use of well-known remedies.

*Hyoscyamus* I have found particularly related to a condition that I would call "turbulent restlessness." Then again, take *Aconite*. You know in its pathogenesis we have, "fixed ideas," and particularly fixed ideas in regard to some injury about to be done. I remember a case in the army where a German soldier had the fixed idea that he was to be transported across the Tennessee river and delivered into the hands of the enemy. *Aconite* was his leading remedy.

*Calcarea* enabled me to cure a gentleman who had brought his wife to Philadelphia for ovariectomy. The wife died, and the gentleman became convinced that he was about to be poisoned by the servants in the house in which his dead wife lay. He came to me early one morning, and insisted upon my going with him to a restaurant, to get breakfast in a safe place. *Calcarea* relieved this mental condition, and restored him, with the aid of kind reasoning, to a normal state.

*Veratum album* is of the greatest value in cases of a religious turn, where there is praying, or, on other hand, swearing. *Anacardium* is known to have a tendency to swearing, so has *Veratrum*.

*Arsenicum* is one of the most important remedies for melancholia, where the illusions are all of a depressing type. With this, we have the characteristic prostration; and here is a key-note for *Arsenicum* in all kinds of cases, namely, a debility out of all proportion to the other symptoms.

Capsicum has this characteristic: burning sensations internally, and where this is particularly the feature it is often to be preferred to Arsenicum. One lady, I remember, said she felt as if she had coal oil inside of her, and the administration of Capsicum was followed by grand effect.

Cuprum has this: the patient will suddenly roll over and over in bed, as if to roll out upon the floor.

Sulphur is busy, busy, all the time busy, with, perhaps, nothing to be busy about; is sleepless, if the case be severe.

Kali bromatum, even in a high potency, as I have seen it prescribed by Dr. Guernsey, can produce sleep in fifteen minutes. I recall a case of insomnia that had resisted many remedies, when within five minutes after a dose of Kali bromatum, 45m, the lady, held in her husband's lap, began to droop her eyelids, and within fifteen minutes was sound asleep.

*Black Coffee* is a general equalizer in a variety of cases, both maniacal and melancholic.

Mechanical control without violence or unkindness, is often indispensable. *Always*, the possibility of suicide or homicide must be in view, and both rendered impossible by precaution.

*Control*.—Great satisfaction, even on the part of the patient, may be derived, especially in bed; at night, from a loving friend, lying behind, embracing him so as to compress the upper arms, holding the wrists crossed, by the opposite hands. The sufferer thus feels perfectly safe, and at ease, yet is perfectly helpless in the hands of a resolute and careful person, in this or even in the erect posture. A gentle, rhythmic vibration of one's foot, whilst recumbent, has proved very soothing, and even soporific, in such a case.

In *forced feeding*, thumb pressure, from the rear, upon the bellies of the masseter muscles, is the greatest indication. The closely set jaws promptly give way, admitting the spoon.

ALFRED WANSTALL, M.D.: In regard to the rest treatment in connection with a case that I treated in Baltimore. The patient, a young lady, twenty-five years old, a music teacher giving from six to nine lessons a day for six days in the week, always had a tendency to scanty and delayed menses. She was a successful teacher. She went North in the summer to study theoretical music, and came back in the autumn to resume her work. The first symptom she developed was the idea that she had injured her scholars, by not having taught them properly. I was called to see her a few days later and found her in profound melancholy and refusing to talk or eat. In a few days, and, during the night, she began shrieking, ushering in an attack of mania. She did not improve, became unmanageable and was finally sent to an asylum near Baltimore where she remained for five or six months, when an unfavorable prognosis was given and it was decided that nothing could be done

for her. In this asylum she was kept in a straight jacket. She was brought home emaciated and in a pitiable condition, with sunken face and sores on her ankles and arms, all evidencing the severe treatment she had been subjected to. She had had narcotics and sedatives.

I then put her in bed and carried out thoroughly the rest treatment in all its particulars, and she had no narcotics or purgatives, was rubbed with oil every day, and every second day had an alcohol bath. She returned from the asylum in the early part of January, and in the early spring was much better and finally recovered nicely, in the autumn being practically cured. She is at work again now, apparently in perfect health.

N. EMMONS PAINE, M.D.: I will only add one word. If the patient be placed in bed, of course he will not exercise, and without exercise he may have no appetite for a time; then, if stuffed with food, some indigestion may follow. But the patient must eat, and eat a great deal too, in order to recover. If now good massage is given, the food will be disposed of, all that he may take of it, and no harm come from stuffing. Therefore, my last word is, do not overlook massage or neglect to prescribe it in such cases.

S. H. TALCOTT, M.D.: We have noticed one singular fact in the treatment of those who have delusions that they are poisoned, and that is that as long as they are up and about they will not eat, but when put to bed they will eat steadily and nicely. They need to be oiled and rubbed and massage applied when you can get a skilled nurse to do it. If you cannot get a skilled manipulator, anyone can rub cocoanut oil into the skin. We use a mixture of cocoanut oil, 95 parts, and *Hypericum* 5 parts, rubbed in well where there are sensitiveness and sore spots along the spine. Every third day the patient is bathed with alcohol and soap and in that way the skin is thoroughly cleaned and stimulated, and the patient made ready for another dose of oil.

I think with Dr. Fellows that it is never necessary to resort to the use of hypnotics of any kind in cases of insanity. If you want to give anything where the patient is very restless, fill him up with hot milk until he is inclined to sleep. By the application of the single homœopathic remedy you will be enabled to accomplish all that can be accomplished in those who are passing into a state of permanent insanity. With rest, proper diet, massage, and inunctions, you will be able to cure more than half of your patients instead of sending them to a hospital for treatment.

ESSAYS  
ON  
MISCELLANEOUS SUBJECTS,  
WITH  
DISCUSSIONS.





*SPERMATORRHOEA.*

BY CLIFFORD MITCHELL, M.D., CHICAGO, ILL.

IT is Franklin, not Washington, to whom we are particularly indebted for freedom, according to Turgot's celebrated hexameter. Nevertheless, had neither Franklin nor Washington existed, the United States of America would surely have grown into an independent nation. Historians of a moralizing turn ask us to pause and reflect what would have been the consequence to America had Clive, instead of Burgoyne, been in command at Saratoga. Yet few now believe that the presence of even so remarkable a man and formidable a warrior as the avenger of the "Black Hole" would have delayed our independence more than a score of years at most.

Extending, then, the principle of Montesquieu, already hinted at, that general tendency controls particular accidents, from the great world about us to the little world within us, we are led to believe that the general tendency of the body controls, in the main, the accidents of its various disorders. The general tendency of a particular body to repair often prevails over the accident of outrageous neglect or persistent maltreatment. Conversely the general tendency of a particular body toward decay has from time immemorial set at naught the resources of the highest medical skill.

In using the word "spermatorrhœa," I shall not refer to cases in which night-losses are merely an expression of the general tendency of the individual toward continence. I shall take it for granted that in the year 1891 we are warranted in believing, from evidence offered, that night-losses may occur even without dreams or erections and yet no pathological condition be necessarily present, imminent, or probable. Given a man healthy as the average, that is, with the usual tendency of the body toward repair, and this general tendency will ever control nocturnal accidents. Stricture and impotence, the Scylla and Charybdis of the hypochondriac, are as far off as are now

those who believed in the rock and the whirlpool. If a patient be healthy in other respects, there is evidence to show that the general tendency of the body toward repair will restore the sexual functions even after the most persistent and astonishing abuse.\*

Restricting the word "spermatorrhœa" to cases in which the patient complains that he loses seminal fluid by day, I shall consider several classes: first, there are those who are hypochondriacs, who lose no more semen daily than the average, but who have been the rounds, eager "to be cured." Neither the "come-to-Jesus" treatment of hysterical sentimentalists nor the vigorous practical work of surgical Ovandos has effected the much sought for "cure." This sort of patient slinks into your office like an outlaw with a rope round his neck, his portrayal of debasement being in striking contrast to the jaunty air of the man with gonorrhœa or the reflective, confidential mien of the syphilitic. I have often been struck with my inability to find spermatozoa in the urine of these hypochondriacs. Some seem to have even less than the average; but their desperate earnestness of manner would be pathetic, were it not uncalled for and absurd. One case I particularly recall: Mr. S., age 25, height average, weight 150 pounds. *Knows* he has spermatorrhœa, passes seminal fluid continually, *especially after exertion*. Passed the most after a recent strain. Has pain in the end of the penis, *especially while urinating*, pain is of a burning, pricking character, urinations every twenty minutes, with much "white matter" which he *knows* is semen. Here was a man who thought himself tearing along the road to impotence and stricture at frightful speed, yet repeated and careful examinations of his urine and of the "white matter" voided, failed to find spermatozoa, a few in the urine voided on rising in the morning excepted. The "white matter" was composed of urates and uric acid of which he was really voiding immense quantities. Sometimes it is phosphates, which, pouring out in creamy masses at the end of micturition, render the patient a self-constituted Pariah. Waste no words on such patients. Comfort from perusal of the *Ten Blessings* is not for these hypochondriacs. Caustery, sounds, or plugs are not required. There is no spermatorrhœa. The treatment is to prevent the formation of the urinary sediment in question within the urinary passages. When the sediment disappears, the patient is

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\* *The Record*, May 16, 1891, p. 570.

"cured," and in time will look you in the eye, and forget his erst-while degradation. Again, there are those cases in which spermatozoa really are to be found in the urine during the day together with numerous crystals. It is a characteristic of many uricæmics to have ready erections and easy loss of semen from irritation caused by the hyper-acidity of the urine and presence of crystalline substances in the neck of the bladder. The trouble is, doubtless, referable to hyperæmia of the prostatic urethra, increasing the hyperæsthesia of the part so that very slight causes will produce erections or emissions. After a time the prostatic urethra may become very sensitive, as is well known.

In one uricæmic case I found the following condition of the urine :

Volume for twenty-four hours, 500 c. c. (1 pint).

Specific gravity, 1025.

Urea per liter, 24 grammes.

Urea per twenty-four hours, 14 grammes.

Phosphoric acid per liter, 2.73 grammes.

Phosphoric acid per twenty-four hours, 1.56 grammes.

Reaction, strongly acid.

Color, high yellow-red, Vogel 5.

Albumin, plain trace.

Sugar, none.

Sediment: In the day urine the sediment contained sharp-pointed uric acid crystals, calcium oxalate crystals, spermatozoa fairly numerous. The night urine was rich in spermatozoa and contained calcium oxalate in abundance and uric acid. Single freshly-voided samples examined on two successive days thereafter showed uric acid and spermatozoa.

Patient was put on Columbia water (distilled water, manufactured in Chicago), and the quantity of urine increased to three pints. With it a train of ills vanished! No more irritation, no more pain during urination, no more spermatozoa in day urines, no more distressing nervous symptoms.

It is not my purpose to discuss the influence of phimosis, varicocele, or morbid processes in the rectum on the sexual system. It is taken for granted that every one knows the benefit derived from attention to these causes of spermatorrhœa.

Pages have been written on masturbation, and singularly enough

reference to the Almighty is more likely to be found in such pages of medical works than on all those describing other disorders put together. But there is a cause for masturbation, and if this cause, be it uricæmia, phimosis, or in the rectum, can be removed, the general tendency of the body toward repair will make short work of seminal losses. Spermatorrhœa may be due to inflammation of the prostate, and of the seminal vesicles after gonorrhœa. The treatment is obviously to remove the cause.

It is claimed that spermatorrhœa occurs in affections of the central nervous system, but all so-called "nervousness" is not a cause of spermatorrhœa. The "nervousness" of uricæmics is well known. I seldom find a patient with persistent crystalline urinary sediments who is free from various "nervous" manifestations. That spermatorrhœa may occur in genuine affections of the central nervous system I am not prepared to deny. My object is merely to suggest treatment for lithiasis, oxaluria, or phosphaturia before "giving up the ship."

Before closing I wish to call attention to the fact that there is no great waste of Phosphoric acid in the urine in cases of spermatorrhœa which I have seen. It is a principle which I think Dr Delamater has fairly well established from several hundred analyses which were made by the writer for him, that in many neuroses there is *decrease* of Phosphoric acid in the urine. Now, back of the tendency to urinary sediments with its prostatic irritation, spermatorrhœa, etc., is a neurosis and we find accordingly a diminution in the Phosphoric acid. In the most intractable case of spermatorrhœa which I have on my books, six analyses of the urine extending over a period of seven months show the following amounts of Phosphoric acid, relative and absolute :

	1.	2.	3.	4.	5.	6.
Phosphoric acid, grammes per liter, .	1.6	1.6	1.2	1.7	2.0	0.9
Phosphoric acid, grammes per 24 hours, .	1.3	2.1	1.4	2.1	1.5	1.3

Consulting the tables in the writer's work on *Diseases of the Kidneys*, it will be seen that the highest figure, grammes per liter, is but eighty per cent. of the normal average of Yvon-Berlioz ; the highest figure grammes per twenty-four hours is but sixty-five per cent. of the normal average.

In summing up I wish to emphasize the following points :

1. Night-losses may be merely an expression of continence, and as such are not pathological.

2. Day-losses may be due either to local causes or to disorders of the central nervous systems. Those due to local causes are undoubtedly in the majority. Those which may appear to be due to nervous conditions when there is neither phimosis, varicocele, morbid process in the rectum, inflammation of the prostate or seminal vesicles, may, on examination of the urine, be found to be associated with crystalline sediments, and will disappear with the sediments, even when stone itself, so far as can be ascertained, is not present. Moreover, spermatozoa are quite often found in the urine in cases of Bright's disease, probably here also due to the action of the urine on the prostatic urethra, rather than to any influence of the nervous system.

3. There is not necessarily any increase in Phosphoric acid, either relative or absolute, in twenty-four hours' urine containing spermatozoa.

reference to the Almighty is more of medical works than on all those together. But there is a cause for it be it uricæmia, phimosis, or in the general tendency of the body toward seminal losses. Spermatorrhœa may be of the prostate, and of the seminal vesicle. The treatment is obviously to remove the cause.

It is claimed that spermatorrhœa is of the nervous system, but all so-called "nervous" spermatorrhœa. The "nervousness" I seldom find a patient with persistent who is free from various "nervous" spermatorrhœa may occur in genuine affection of the nervous system I am not prepared to deny. The treatment for lithiasis, oxaluria, or for the ship."

Before closing I wish to call attention to a great waste of Phosphoric acid in the treatment of spermatorrhœa which I have seen. It is a principle which has fairly well established that the treatment which were made by the writer for the decrease of Phosphoric acid in the urine and tendency to urinary sediments with its treatment of spermatorrhœa, etc., is a neurosis and we find a decrease of Phosphoric acid. In the most interesting cases which I have on my books, six analyses of the urine in a period of seven months show the following results, acid, relative and absolute :

Phosphoric acid, grammes per liter, -  
Phosphoric acid, grammes per 24 hours,

Consulting the tables in the writer's works, it will be seen that the highest figure is eighty per cent. of the normal average figure grammes per twenty-four hours. The normal average.

In summing up I wish to emphasize

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 in the following table by

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.	absorb	15 "
.	absorb	17 "
x 30),	absorb	32 "
0), .	absorb	60 "
.	absorb	105 "

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## LANOLIN AND AGNINE—IN AFFECTIONS OF THE SKIN.

BY H. M. DEARBORN, M.D., NEW YORK, N. Y.

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LANOLIN was brought to the attention of the medical profession in 1886 by Prof. Liebreich, who gave it (when purified) the name "*lanolinum purissimum anhydricum*." He appears to have been investigating the nature and sources of cholesterine when he determined the presence of an analogous substance in keratinous tissue and termed it lanolin.

This experimenter was not the first, however, to introduce lanolin, or a similar substance, into medicine. In a less pure form, probably, it was known to the Greeks as "*æsyum*." Dr. Wulfsberg, in the *British Medical Journal*, gave a historical sketch of this substance and quoted from the classical writings of Dioscorides, Celsus and Galen regarding it.

Lewin in 1876 announced that he had demonstrated the presence of cholesterine in the granular layer of the epidermis and in the sweating ducts. The truth of this statement was denied by Santi and other observers as late as 1889.

Lanolin contains largely cholesterine, and there is no doubt at this time that lanolin exists in human epidermis, animal hair, horn, hoof, etc., being most abundant in sheep's wool.

Besides cholesterine crude lanolin contains isocholesterine combined with fatty acids, glycerides of the lower fatty acids, cerylcerotate and homologous compounds and the volatile capric and caproic acids. In the process of purification the free fatty acids are eliminated.

The details of manufacture are not fully known, but are believed to include saponifying the free fatty acids of crude lanolin (obtained from wool washings) with alkaline solutions; with the soap thus formed with the alkaline solution, the cholesterin fats form an emul-

sion which by churning separates into a cream on the top of a watery soap. The emulsion is then further purified by driving out the remaining fatty acids and alkalies by heating on a water bath. The product is an anhydrous fat or lanolin, which is completely soluble in Ether, Benzol and Chloroform, sparingly soluble in Alcohol and insoluble in water. But it has a remarkable power of absorbing water—more than its equivalent—without any marked diminution of its consistence; water does not, however, unite chemically with it, and is easily separated by heat. This quality of lanolin is very apparent when compared with the power of absorbing water possessed by other fatty bases, as shown in the following table by Dieterich :

100 parts of vaseline, . . . . .	absorb	4 parts of water.
100     "     lard, . . . . .	absorb	15     "
100     "     " (benzoated), . . . . .	absorb	17     "
100     "     (cod-liver oil 70, white wax 30), . . . . .	absorb	32     "
100     "     (olive oil 70, white wax 30), . . . . .	absorb	60     "
100     "     lanolin, . . . . .	absorb	105     "

The high rate of water absorption of lanolin renders it of special value as a vehicle for watery solution of some drugs intended for local or systemic effect.

Unlike the true fats, lanolin has no tendency to become rancid and therefore is not liable to chemical changes with substances mixed with it, and hence always remains unirritating as an application to the dermal or mucous surfaces alone or as a holder of medicaments. According to Gottstein and Frankel, it resists the action of bacteria, and, like the oil of the human skin, affords a protection against them.

While lanolin is more readily and freely absorbed by the skin than ordinary fats, its absorption into the system is less free than the latter, and from Monk's\* experiments in the Pharmacological Institute at Berlin, it would appear that it is not absorbed by the intestinal tract at all. To some degree this is due to the fact that lanolin only begins to melt at 122° F. and does not become entirely liquid under 132° F., while physiological experiments show that absorbable fats melt at or below 123° F. The exceedingly free absorption,

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\* *Annual University Medical Sciences*, 1889, b. 18.

by the skin, of a fat which does not become liquid under about thirty degrees higher temperature than that of the normal is only explained by the fact that it (wool fat) is derived from horny tissue, and therefore is readily taken into the epidermis and gland follicles as a natural constituent or nutrient. When medicated with aqueous solutions, it is probable that absorption not only *into* but *beyond* the skin, into the system, is greater than with any other base, from the larger amount of water carried and from the readiness with which it is yielded up. For the introduction of medicine generally into the system through the skin, other ointment bases are to be preferred to lanolin; indeed, the experiments of Guttman proves this, though Liebrich denies that this is true of the later preparations of purified lanolin, which he claims are free from unfusible cholesterine ethers.

The later importations of lanolin are nearly white in color, of rather tenacious consistence and for medicinal use contain about 30 per cent. of water. I believe, however, that anhydrous lanolin can be obtained and also compounded with other substances.

In this country purified wool fat is made by Messrs. Theo. Metcalf & Co., of Boston, under the name of agnine. The earlier preparation was dark brown in color, of soft and adhesive consistence, and when applied to the skin with moderate friction was freely absorbed. The later production is light-brown in color, of dryer consistence, and requires considerable friction or the use of gentle heat to be readily absorbed. It is claimed for agnine that it melts at a comparatively low point (100° to 125° F.), is free from odor and free from water.

The purity of lanolin or agnine may be determined by the following simple tests:

1. A small quantity, on being heated in water over a water-bath, must show the absence of glycerine.
2. If a solution of caustic soda be added, ammonia must not be developed.
3. If a small amount be heated with water on a water-bath, the fat must separate in oily drops without producing an emulsion.
4. With litmus paper the reaction must not be acid.
5. When well mixed with water upon a ground-glass plate with an iron spatula, the product must contain over 100 per cent. of water, and the mass be sticky and paste-like, adhering to the spatula; if impure, the mass will have a soap-like smoothness, from which the spatula readily glides.
6. On exposure,

the surface of lanolin and lanolin salves becomes darkened, owing to the escape of water, not to decomposition. 7. It never becomes rancid and its odor should remind one of wool.\*

I have experimented with the purified wool fat for the past four years, mainly in a clinical way. I have, however, tested its temporary and prolonged action on the healthy human skin repeatedly, and have noted the following effects:

Rubbed into healthy human skin for two to five minutes and then wiping off the surplus with a soft cloth leaves the surface of the skin more soft and elastic without being oily. This effect is perceptible to the touch for ten to thirty hours subsequently. If the skin be normally wrinkled, *moderate* applications every one to three days renders the wrinkles less apparent and the skin retains increased softness. Applied to the hairy parts of the skin, moderately and infrequently increased growth of hair is occasionally observed. Free and frequent applications to the scalp causes in many cases loss of hair, and on both the hairy and non-hairy parts when used in this manner it finally induces dryness of the surface with more or less flaking of whitish scales resembling somewhat a moderate seborrhœa.

It is in the early stages of seborrhœa that I have found applications of unmedicated but diluted wool fat of the most service; it will frequently effect a cure without other treatment. In mild infantile eczema capitis, often arising primarily from seborrhœa, it is an almost certain remedy. In such cases it has the additional advantage of being a perfectly safe local application in contrast with the great liability to disastrous results from the employment of astringent or repressing applications, and examples of which have been reported by physicians of both schools.

Premature thinning of the hair, especially when due to seborrhœa of the scalp, can be arrested by moderate daily inunctions of dilute agnine or lanolin, and in favorable cases the growth of hair restored. Most cases of partial baldness, however, require more energetic treatment by the use of anti-parasiticides or other stimulating local means in conjunction with the wool fat, as well as dietetic regulation and internal medication to effect a restoration of the hair.

In suitable cases of this nature wool ointment acts not alone to relieve the primary seborrhœa, but also as a direct nutrient to the

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† United States *Dispensatory*, 1888, p. 1839.

structures of the skin. The latter effect is well shown in senile atrophy of the skin or changes accompanied with troublesome pruritus, the relief of the latter symptom corresponding with the improved appearance of the skin from applications of the unmedicated wool fat. Its nutrient action on the hair follicles can be witnessed sometimes in a marked degree when employed for temporary loss of hair from constitutional syphilis, promptly diminishing the shedding of the hair and promoting its renewal.

The ready absorption of wool fat by the follicular structures of the skin renders it of special value as a vehicle in the treatment of parasitic disorders which invade those parts, such as favus and trichophytosis. A less quantity of the paraciticide is required to a effect a cure, owing to this property of the ointment base. This is particularly true of substances which are freely soluble in water and which are incorporated in such solution with the lanolin or agnine. The experiments made by Prof. Unna prove that the more water a fat is capable of absorbing the more freely is that fat absorbed by the skin. Some experiments by Gottstein\* with solution of corrosive sublimate in lanolin are of interest in this direction. He found that  $\frac{1}{8000}$  to  $\frac{1}{10000}$  mixture of bichloride of mercury prevented the formation of anthrax bacilli or vegetable fungi. Hence he believes that this preparation is actively disinfectant, and has great advantages over solutions for wounds for continuous use from the greatly lessened danger of poisoning, owing to the minute quantity actually in contact with the tissues. It is estimated that for effective irrigation of a wounded surface it would require a thousand times as much bichloride in solution as the quantity necessary in the lanolin preparation.

Purified wool fat makes a superior ointment base for many purposes and for quite a large number of remedies. Notably so with metallic mercury, oleates of mercury and copper, ichthyol, boric acid, naphthol, resorcin, salicylic acid, pyrogallie acid, aristol and chrysarobin. In all of these a less quantity is required to produce a given local effect than with any other base, due probably to the more free and uniform entrance into the skin. This I have demonstrated to my own satisfaction in a variety of skin affections, especially in

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\* *Annual Universal Medical Sciences*, 1890, a 86.

psoriasis, dry eczemas, parasitic diseases (animal or vegetable) and the more pronounced syphilides.

Caution should be exercised in the prolonged use of wool fat preparations on the face or neck of women or children, or on the non-hairy features of men, from the possible effect they might have in stimulating the vigor or growth of rudimentary hairs. They should not be used, moreover, in acute inflammations of the skin or in conditions of pronounced hypernutrition until the active stage is passed.

Lanolin is the more elegant product of wool fat—agnine I believe to be equally useful. It is to be remembered that agnine is anhydrous and needs to have water or some fixed oil added (when used unmedicated) to render it of softer consistence. An "agnine soap" is made by Messrs. Metcalf & Co., which I have prescribed with much satisfaction as a substitute for toilet soap for people troubled with abnormally dry or chapped hands.

To sum up briefly, we have in lanolin or agnine :

1. A purified cholesterine fat which is readily and freely absorbed *into* rather than through the skin.
2. It is non-irritating and aseptic.
3. It will absorb water or watery solutions largely in excess of any other known ointment base.
4. Applied freely and repeatedly to healthy skin it seems to derange the secreting function of that organ probably by inducing hypernutrition and ending in ultimate dryness of the cutaneous surface.
5. Unmedicated, it is curative applied to the skin in very moderate quantity in affections of the skin attended with derangement of the protective secretions and resulting in dryness or hardness and irritation of the epidermis; and apparently its action in such cases can be classed as homœopathic.
6. In senile atrophy of the skin accompanied with painful sensations, applications of purified wool fat give relief probably as a direct nutrient to the parts.
7. The peculiar, penetrative power of this substance to all parts of the skin permit the use of the least possible quantity of a drug incorporated with it to produce any obtainable local effect.
8. It is probably unsuited as an application in the early stages of acute inflammation of the skin.

labor), proper nutritious food and drink unadulterated with medicinal substances.

§ 262. In acute diseases, on the contrary (insanity excepted), the fine, unerring inner sense of the active instinct of self-preservation will decide the course to be pursued so clearly, that the physician will only have to advise the friends and attendants to obey this voice of nature by gratifying the patient's ardent desires, without offering or urging him to accept hurtful things.

§ 263. The food and drink most commonly craved by patients suffering from acute diseases is generally of a palliative and soothing kind, and not properly of a medicinal nature, but merely adapted to the gratification of a certain longing. Slight obstacles which moderate gratification might place in the way of recovery are more than counterbalanced by the power of a homœopathic medicine, by the vital force liberated by the medicine, and by the refreshing effect of a gratified desire. In acute diseases the temperature of the chamber and the quantity of covering should be regulated entirely according to the wishes of the patient; while every kind of mental exertion and emotional disturbance is to be carefully avoided.

This generalizing way of Hahnemann in disposing of the diet question stands in strong contrast to his usual methodical, precise and minute manner of teaching. Being simply of a suggestive character, it leaves to others the more exact shading of this important branch of medical science.

Our leading text-books, as well as college-teachings, are indolent with regard to diet, or mention it only in a passing way, except when referring to certain affections of the digestive organs or disturbances in the organs of circulation. More stress is laid on diet on these latter relations in allopathic works on practice, because it is often their only effective mode of treatment; that school being at a loss for specific medication.

It is obvious, therefore, that much better and quicker results can be reached by the careful homœopathic prescriber, if he combines the individualization of diet rules adapted to his particular case under treatment with that of the selection of the remedy.

We are what we eat and drink. The chyliferous vessels carry the nutritive materials out of the intestines into the blood channels which direct them to the various tissues for their sustenance, just as the rootlets of a plant absorb from the soil its elements for nu-

trition, conducting them into and through the sap, to form, by the wonderful power which endows the living cell, wood, leaves, flowers fruit and seed. This combined process is called tissue-change. The German nomenclature, *Staffwechsel*, that is, change of matter, is, however, much more suggestive.

Each plant needs the proper soil for life and health. Change the soil, or neglect to replace the used up nutritive elements it contained, and the plant will wither and die. In the more complex human organism we must understand the steps necessary for this change of matter in the healthy to be able to know what to do in disease.

It is in my mind an undoubted fact, that the only basis for avoiding disease is to keep the proper balance in sustaining the various tissues of the body. For it is well known that disease needs a predisposition, that is a weakness, an open gate somewhere for its invasion. A well-defended fortress will hardly be taken by the enemy except by unusually overwhelming powers. Our body is the fortress we have continually to defend against myriads of constantly attacking forces. Call them atmospheric changes, electric tension, miasms, epidemics, bacteria or what next. They are powerless against an organism properly balanced by correct tissue formation, which again can only be sustained by normal changes of matter, which is possible mainly by supplying the suitable elements, through correct diet.

Taking this argument as a basis, the question arises: What, if the proper diet is supplied, the organism is unable to derive the proper benefit? Here medicinal action will be in place to restore the wavering functions and to this end the necessity arises for the study of the office of those various parts of the body which enter into assimilation. It may be that at their entrance the articles of food are not properly treated, either by insufficient mastication or by an abnormal action of the secretions of the salivary glands. Or, secondly, these being perfect, the stomach digestion is lacking, either by a deficiency in or by an improper quality of its digestive agents. Or the chyme when passing from the stomach in a normal condition receives improper treatment in the various sections of the intestinal canal, thus offering unsuitable material to the chyliferous vessels. The latter ones may again be at fault, in not absorbing sufficient of the even well-digested articles of food. Yet this being correct, obstruction or weakness in the circulatory system may hinder the



proper distribution of rich nutritious blood to the respective tissues for absorption. And last but not least, everything passing on in a normal condition, the cells to which remain the main task of changing food elements into living tissue may be incapable of performing this important function.

All these conditions, either singly or combined, form the basis for malnutrition, which I claim to be the predisposing cause for disease of which tuberculosis may be considered a striking example.

This, then, is the province for therapeutic activity; not by battling with bacteria through so-called antiseptic treatment with poisonous materials, which are more injurious to the affected organism than to the theoretically-accepted causes of disease, but by reinforcing the weakened points of the organism, the fortress in which we live, re-establishing tissue-strength and cell-activity. The ways and means with which to accomplish this end have been handed to us by the immortal founder of homœopathy. Guided by symptoms which form the landmarks for the right medicinal agent, the latter is dispatched by the natural law of polar attraction, expressed in the formula, "*similia similibus curantur*," toward the right place for action. Cell-activity thus aroused, it needs but the proper elements for nutrition to gain tissue-strength, and the organism, balanced once more, will easily cast off heterogeneous matter, *vulgo* disease. This is the quintessence of homœopathic treatment, combined with proper diet; and the simple reason why *we* are so much more successful in treating diseases, acute and chronic, than old-school practitioners.

After what I have said, it remains to indicate more especially how to proceed for the removal of the various causes of malnutrition, as enumerated above.

The first point, insufficient nutrition, is a very frequent introduction for a long series of ailments, all accompanied by symptoms of dyspepsia, and consequent malnutrition. The unavoidable complication of insufficient mastication is want of proper insalivation, which naturally tends to aggravate these conditions by neglecting the first principle in the digestion of farinaceous food. I do not here include the infant, whose food is, or ought to be, of such a character that neither mastication nor insalivation is necessary. But, I refer to the very prevalent bad habit among men and women of all ages, especially in large cities, where time is money, of bolting their food. This habit is frequently the result of negligent home-educ-

tion, as well as of the improper method of schools in not giving the children sufficient time for meals at home. Those who live too far away from the school-house, are consequently obliged to take cold, dry food, which they swallow as quickly as possible in order to gain a few minutes time to stretch their limbs in out-of-door play. The effects upon nutrition, although often very slow in making their appearance, are evident and sure to come. This is not the only instance of crippling the health of the civilized world, for which our school systems are responsible. And again, the rush of business and society forces people into fast eating.

The only way to overcome this evil is to point out the natural consequences, as they are sure to follow; and, not only induce the patient to masticate properly, but have him watched by his family to prevent further sinning.

At the same time, I advise nutritious food, mostly of a fluid or semi-solid nature, avoiding farinaceous matter, in order to offer the stomach material fit for the performance of the former's functions, besides prescribing the proper remedy to repair the damage done.

Should the fault lie with the bad condition of the teeth, these must be repaired at once; and, in an advanced age of life, where the entire or partial loss of teeth impairs the act of chewing, artificial teeth will be the most effective mode of cure.

Imperfect secretion of saliva, except during an acute disease, is rare. I know of a few cases in children, however, who could not digest starchy food long after dentition had been completed. One of these suffered from protracted non-secretion, while another secreted profusely a watery saliva devoid of diastase.

Idiopathic gastritis is rare in the adult. During childhood, however, it is very prevalent, frequently combined with enteritis and enterocolitis. The treatment, dietetic as well as medicinal, is too well known to require my entering upon it here. But, the conditions following these affections often form such a characteristic picture of malnutrition, that I may be permitted to tender them a short reflection. I refer to that sequel of prolonged inflammation and drain from the digestive organs known under the name of infantile marasmus or atrophy. In these cases, where the intestinal mucous membrane is in such a relaxed condition that the absorbing vessels are unable to perform their functions in the usual manner, we can demonstrate positively the value of homœopathic medication in a die-

tary sense. The remedy called for, by the symptoms present, is directly attracted to the cells in need of it by homœopathic affinity.

How this is done, we do not know, but it is possible that, owing to their finely divided conditions, the chyliferous follicles have no difficulty in forwarding them. For, even in a state of exhaustion, this is possible, as the physical phenomena of endosmosis and capillarity are irrepressible, and continue, in a restricted way, under all circumstances.

It is remarkable, that the class of remedies needed in these atrophic conditions consists of the tissue elements, salts or other combinations of Calcium, Sodium, Potassium, Magnesium, Silicon, etc., and the proper form of their administration is in the 3d centesimal trituration. The higher potencies are much slower in action in these instances, as they do not contain any or sufficient quantity of matter needed for the purpose. *They do not act as a food.* It took several years of dispensary and private practice until I became convinced of the beneficial and more speedy action of the lower preparations, to the investigation of which I was strongly urged through the masterly treatise on nutrition remedies by Von Grauvogl, in his Text-book of Homœopathy. The rapidity with which sleep, digestion, cheerfulness, rotundity of form, strength, and health, return in these little, living skeletons, is marvellous, and paralleled by no other treatment.

It is stated above that I consider malnutrition in its broadest sense, as the main predisposing cause of disease. Heredity comes into this category, for all the factors for its accomplishment may have been inherited. The ovum contains all the elements necessary for the construction of the living body. So does the sperm, with the exception of the alkaline earths. We therefore find families in which all the children die from marasmus, in consequence of catarrhal enterocolitis, or follicular enteritis, where the mother is, or has been affected with intestinal catarrh, or if she is otherwise in an enfeebled state of health before and during pregnancy. In these cases I use Calcium salts in the third trituration, after the example of one of our English practitioners, during pregnancy; with the result of avoiding any further disaster.

Now, to my last proposition. Should the *cells* be unable to do their physiological duties, while all the functions of the digestive and circulatory organs are properly performed, the appetite even being voracious, still malaise and inanition will insiduously and steadily

march on, until a climax is reached by the invasion of a positive pathological condition. Here a change of diet only, be it ever so carefully selected, will be of no avail, as no matter what is offered, the cell cannot dispose of it, and the most nutritious elements remain inert, being cast off through the various channels. But this is the great province for the action of drugs in a higher potentized form. Food not being accepted, in whatever mode offered, the cell being unable to change it into living tissue, it is useless, and often aggravates to administer remedies in a material state. The function of cell activity is best stimulated by higher potencies. This knowledge is also the result of experience since Hahnemann.

Studying the question of diet and homœopathy in their relation to mutual support, constitutional treatment, I think a new and fertile domain is opened in the direction of preventive medicine, offering the best outlook in the treatment of infants and children, these growing plants, so easily capable of being moulded by the intelligent and careful *homœopathic* physician.

Comprising in these studies the necessary one of chemistry of the human body, we may also be enabled to gradually solve the question of potency, which is full of beautiful but yet dormant revelations.

## THE ABUSE OF COFFEE.

BY DR. VINCENT LÉON SIMON, PARIS, FRANCE.

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"It is a very dangerous thing to use habitually of substances purely medicinal which act with great force. . . . Coffee is a medicinal substance." (Hahnemann.)

It was once said before Fontanelle that coffee was a slow poison. "Very slow," he replied, "for I have used it for thirty years."

Every one to-day acts and thinks as did Fontanelle; but there are personal effects which prove that the emanations as well as the decoction of coffee are injurious to the health. Hahnemann has already noted these effects in a monograph published in 1803. Allen in his *Encyclopædia* has given a *résumé* of the observations of sixteen experimenters, and Hering in his *Guiding Symptoms*, has devoted five pages to the pathogenesis of *Coffea tosta*. The authors of the *Cyclopædia of Drug Pathogenesis* have given in the same chapter the effects of raw coffee and roasted coffee, but the descriptions are very distinct: paragraphs 1 to 15 comprise the experimentations with raw coffee, and 6 to 14 those with roasted coffee. Finally the authors have given the cases of poisoning and in the last paragraph they have translated the description of the coffee migraine as given by Hahnemann.

### I.—THE EFFECTS OF THE EMANATIONS OF COFFEE.

In the early part of August, 1870, the author of this memoir was physician to a battalion of the National Guard, Mobile, and in this capacity was in camp at Chalons. Here he received from his family a pound of very fine coffee, enclosed in a sack of paper, and which was kept in his tent. By accident the paper bag was torn, so that the emanations of the coffee escaped freely day and night into the atmosphere. During the first day he suffered no inconvenience; on the contrary, the olfactory nerves were agreeably impressed, but only

for a short time. On the third day sojourning in the tent became disagreeable, and there followed a state of malaise which he had never experienced before. This condition consisted of continual nausea, with a sensation of fulness in the pharynx, similar to that which follows an excess at table. But there was no aversion to food nor any alteration in taste; there was rather a craving for food, but after the deglutition of each mouthful, the movements of the œsophagus seemed to take an antiperistaltic direction, and it was doubtful whether the bolus would descend into the stomach or return into the mouth. The latter hypothesis was sometimes realized and the victim vomited part of his aliments once or twice in the twenty-four hours. The vomiting did not modify in any manner the sensation of nausea, which persisted without any interruption from morning until night. After satisfying ourselves that the condition was due to the coffee, we gave it to a friend and our health was promptly restored to its normal state. But we were not so easily free from its effects, for during fifteen years the same symptoms reappeared once or twice a year; this was especially in the spring, in consequence of work which had strained the mind more than usual, or when, in consequence of this work, the hours of repose had been less regular.

One may object that at the end of fifteen years the action of this involuntary olfaction of coffee had been exhausted for a long time. To this I reply, that I had maintained nearly the same habits after as before 1870, and it was only after that I had experienced the symptoms above described, and consequently can attribute them to no other influence than that of coffee.

I do not assert that they were a direct effect, this having been eliminated in the first few days, but that momentary impregnation had so modified the organism as to create a new predisposition, *un locus minoris resistantiæ*.

#### II.—EFFECTS OF THE ABUSE OF THE DECOCTION OF COFFEE.

The accidents which we are about to describe have been observed in a man, 40 years of age, gouty heredity, subject to migraines, with slight tendency to rheumatism, although he had never had arthritis sufficiently severe to compel him to cease working. He had hæmorrhoids, but they had never bled and did not seriously inconvenience him. He also suffered with an herpetic eruption, of 20 years' duration, in consequence of rheumatism, and the palms

of the hands were at times covered with small scales of dry eczema; he has been subject to chilblains since youth, and he has to use every possible care to avoid them. Otherwise, he enjoys a sufficiently good state of health, endures very well the vicissitudes of his life, which in some respects have been more cruel to him than for the average mortal, while the few acute maladies which he has had (measles, scarlatina, tonsillitis) have always been cured with the greatest facility. Treated homœopathically since birth, he has always lived in good hygienic conditions and has never been guilty of any excess.

We do not think it necessary to insist upon the temperament of our subject, because absolute health does not exist. When any one says that he has tried a medicament upon a healthy man, he simply means to say that the man had no apparent disease at the moment of the experiment; but we know very well that he is not really healthy, for the very good reason, that such a state is impossible. That which we call health, the normal state, is an ideal which is never completely realized by any human being. In fact we are all children of the darts, gout, scrofula, tuberculosis, cancer, sometimes even of syphilis; we are all bearers of some constitutional taint, without reference to that which we may acquire. In a word, humanity, from the very fact of its existence, carries within itself the latent germ of evil which causes its death, and we can say with Hamlet, "I have that within that passeth show," or as in poetic French, "*Tout mortal en naissant commence son trepas*" (every one at birth commences to die). For this reason medicines have two kinds of effects: those which are constant, manifesting themselves in every individual, as for instance the pupil dilatation of *Belladonna*; those which are contingent, presenting in some persons but not in others, according to their idiosyncrasy.

In 1882, our patient, in consequence of a grief which had plunged him into a profound sadness, found that his migraines became much more frequent. As coffee generally aborted the attack, he abused the beverage, and began the grievous habit of drinking a cup of coffee in the morning on awaking. At the end of two years he was accustomed oftentimes to drink three times in the day: early in the morning, after breakfast and after dinner.

This abuse had at least one advantage, that it relieved his head, which before this time had been almost constantly in a state of dis-

tress, a dull pain—to such a degree that the patient was always conscious of his head; as soon as the head became free, the migraines were very rare and the patient experienced in this particular a state of health to which he was unaccustomed.

But the malicious effects of the coffee did not delay in making themselves known, although it was several years before their origin were suspected. One of the first was the difficulty experienced of depriving himself of this beverage. If our patient did not take in the morning his accustomed cup of coffee, he had in the afternoon a menace of the migraine, sometimes even more than a menace. It was not long, especially when he had not had sufficient sleep, before there were painful wakings in the morning, with a dull feeling in the head, and difficulty in thinking and acting. Hahnemann has cited the case of a woman, addicted to coffee, who claimed that when she awoke in the morning she was no more capable of thinking or acting than an oyster. The patient under observation did not make any such claim, but it is certain that he awoke almost always with a pain in one of the last molars or about one of the orbits, and which deprived him of all desire of struggling against sleep or to make the voluntary effort of rising from the bed. When he had not the necessary patience to await the dissipation of this condition, a few swallows of coffee delivered him as by enchantment. I do not insist upon the insomnia, which is not an effect of the abuse of coffee, since a single dose may produce it. Our patient could never take a cup in the evening without producing it. It is interesting, however, to note that with him it did not manifest itself at once. On the contrary he fell asleep very easily at his usual hour, but he awakened towards two o'clock in the morning and was no longer able to sleep. Habitually, if he took a few globules of Coffea 6 before lying down he passed a good night.

This is not the first time that a similar fact has been noted and many homœopathic physicians have given the opinion that the best antidote of large doses (not toxic) of a substance injurious to the health is a higher dilution of the same substance.

It is necessary, however, to make this restriction, that Coffea 6 and roasted coffee are not exactly the same substance, and this renders their antidotal effects less extraordinary. Coffea tosta is the *similimum* and not the *idem* of Coffea cruda.

I now mention the three effects which were the most disagreeable



and which I will designate as follows: 1. The intestinal action; 2. The genital action; 3. The cutaneous action.

1. *Intestinal Action*.—Constipation from inertia of the rectum. This was manifest in the early months; he ceased to have daily stools and many times for eight or ten days would have no evacuation. At first the desire to go did not make itself felt; finally the efforts at defecation were ineffectual, either because the rectum did not contract, or because the internal hæmorrhoids were swollen and an obstacle; finally he was able to expel some *feces* similar to sheep dung; then a scanty stool of larger masses, which did not empty the intestines, and was followed on the same day or the next by an extremely abundant stool and of enormous volume. It seemed as though the intestines were not able to empty themselves except when the waste materials had so far accumulated as to overcome by their weight the obstacle which imprisoned them. From time to time the hæmorrhoids were slightly inflamed, rendering the stools slightly painful, bloody and covered with mucus.

The remarkable thing was that this constipation did not sensibly modify the appetite. Even after an interval of six or eight days without any evacuation, the patient experienced for food as good taste as on the first day and ate with as much pleasure. This peculiarity deserves to be noted, anorexia being the usual accompaniment of the retention of *fecal* matters.

2. *Genital Action*.—Impotence, not from relaxation, but on account of the too short duration of erection. In this respect the action of Coffee resembles that of *Conium*, *Calcarea Carb.*, and the magnet (*l'aimant*). The venereal desires were in no degree lessened, nor the pleasure at the approach, but at the moment of entering the vagina the penis became relaxed and no efforts could restore the erection.

3. *Cutaneous Action*.—Itching and herpes. This was generally about the prepuce and rendered coition painful, and was accompanied by a mucus hypersecretion which left upon the linen very disagreeable stains.

The pruritis was accompanied with a voluptuous sensation, little influenced by external circumstances, more active, however, when the parts were exposed to the air. We will only cite in passing some nervous symptoms which did not differ from the effects of crude coffee, and which should be attributed, without doubt, more especially to the Caffein: frequent dry heat of the palms of the hands; trem-

bling of the hand in certain positions, for example, in drinking; irascibility, provoked at the least opposition; præcordial anxiety as if threatened with some evil; a nervous flurry as if overrun with business and a fear that he could not accomplish quickly enough whatever he attempted; threatened faintness on making a prolonged effort; thus our patient had difficulty in putting on or off his boots, or to exercise on the trapeze, which was the more surprising because he did not present any sign of asthma nor any cardiac affections, while he was able very easily to walk at a rapid pace, run, mount the stairs rapidly and ascend heights.

After five years of the abuse of coffee our patient perceived on the right leg a serous cyst, situated between the tendon of the biceps crural and the external lateral ligament of the knee, at the point of the superior perineotibial articulation. Six months after renouncing the coffee, he felt one day the cyst break and completely disappear. Can we see in this merely a coincidence or a relation of cause and effect? I cannot determine. In either case it is not useless to draw attention to this lesion. Our patient had never had before a serous cyst of any kind.

All the accidents which we have signalled ought to be attributed to the coffee, for we have the counter-proof.

Our patient, who was a widower, was again married in 1887. Justly alarmed at the virile insufficiency of which we have spoken above, he soon suspected the cause, for he had several children during his first marriage, which proved that it was necessary to search outside of himself for the cause of this incapacity. From the day that he determined to cease the use of coffee he did not touch a single drop. The astonishing thing was that he did not suffer any inconvenience, pains in the head, diurnal somnolency nor even an imperious desire for the coffee. This fact proves that it is not always as difficult as we think to break off abruptly an inveterate habit.

Our patient was soon rewarded, for the generic faculties recovered first their integrity and the successive arrival of two new children proved that it was right to attribute to the coffee the former weakness.

The stools were regulated and became of daily occurrence; the hæmorrhoidal sufferings, herpes, and heat of the hands no longer appeared.

But our narrative does not stop here. As if he had wished to

render his experience more convincing, our hero has shown some weaknesses and has not persevered with a fidelity above reproach. At the end of a few months he recommenced the habit of taking a cup from time to time, either from gormandizing when he dined in the city, or as a precaution when he had to make unusual exertions of body or mind, or again when a headache threatened. But he did not return to his former habit nor did he take his cup on awaking. Each cup, however, produced the two most noticeable symptoms of our description: difficulty in completing the conjugal act, and constipation. If he took a cup on several consecutive days, the herpes preputialis returned. The coincidence several times repeated of the genital, intestinal and cutaneous accidents with the ingestion of coffee, certainly proves that there exists between these two facts a relation of cause and effect, and it is this which gives the interest to the present communication.

### III.—EFFECTS OF CAFÉ AU LAIT.

We know that café au lait is not without harm to the female sex, in that it predisposes to leucorrhœa; nor is it good for hæmorrhoids. We know an instance which confirms these assertions in a certain degree. It is the case of a man who for over ten years had taken daily his café au lait, at the end of his breakfast, in lieu of dessert, and had never experienced any inconvenience. Seven years later he wished to renew the same habit, but was obliged to renounce it, because the stools became glairy and slightly sanguinolent, with difficulty of expulsion. We think that this ought to be attributed to the coffee, rather than to the milk, because the abuse of black coffee produces a similar effect, but we must remember that the composition of café au lait is complex, the dispensers of it mingling with it a notable proportion of chicory, so that it is difficult to separate its several elements in its pathogenetic action.

### IV.—EFFECTS OF TEA.

The preceding observations have led us to experiment upon ourselves as to the action of tea, which is said to act exactly as coffee. The first result was an insomnia with nightly agitation, as marked as that due to coffee; it was easily antidoted by some globules of Coffea 6 or 12. This was the only effect of a cup taken occasion-

ally and generally in the evening by a man who seldom used it. The habit now is rapidly established, for during short sojourns in England and Holland we used no other beverage at our breakfast, and did not notice that the sleep was disturbed.

For many months we have taken a cup of tea mornings and evenings nearly every day and we have only observed the following symptoms: Habitual constipation, frequent vertigo without headache, but with titubation and bilious vomiting so-called.

All that we say of the pathogenetic action of tea is that, like *café au lait*, it is a complicated drink, of which the composition is as variable as the taste, according to the kind used and the care in the preparation of the infusion, so consequently the pathogenetic effects cannot be constant. It seems at times that tea acts particularly upon the pneumogastric; we are led to this opinion by the vertigo, the vomitings which we have experienced, and the cardiac troubles shown by the sphygmographic tracings obtained by Marvand and which Allen has reproduced, and finally by the respiratory troubles described in the pathogenesis.

#### V.—CONCLUSIONS.

1. The action of raw coffee and roasted coffee are not identical.

This can be easily foreseen since roasting modifies the composition of the grain by destroying in part the Caffein and giving rise to a new principle, cafeone. Well-known facts allow us to separate in a certain degree the respective effects of these two alkaloids; to the cafeone belongs without doubt the nausea, as described in Section 1.

It acts principally upon the viscera or rather upon the digestive tract and organs of generation, hence the constipation and genital weakness. This does not prevent its having a manifest action upon the nervous system, notably upon the dental nerves, as proved by a case related by Prof. Hale, of Chicago. The patient was a lawyer, who, having to make an unusual intellectual effort, drank a very strong cup of coffee and was attacked an hour later with a terrible odontalgia, which was only relieved by holding cold water in the mouth. This anomalous symptom is common to coffee and Bismuth, and we have cured with the latter remedy a case very similar, which was published in *La Bibliothèque Homœopathique*, tome xii., p. 550.

The preputial herpes can also be legitimately attributed to cafeone, while caffein produces rather the lesions of sensation and texture of

the skin; these are the dry eruptions generalized upon all the surface of the body.

All the nervous and circulatory accidents which we have observed in our patient and which agree so well with the effects of caffein, as described in the *Cyclopædia of Drug Pathogenesis*, ought to be ascribed to that alcoholoid and not to the cafeone.

2. Roasted coffee deserves use as a medicament as well as crude (raw) coffee.

We ought to prefer the former in that type of morning migraine, of which Hahnemann has given so thorough a description; we have seen it act very favorably in a case of this kind. It should be useful in dyspepsia, or rather against the cerebral affections in which nausea predominates, for the weakness of virility without diminution of desire, for the dental neuralgia described above, for the herpes of the gland and prepuce, and finally for the constipation with inertia of the rectum in individuals free from hæmorrhoids. But as there are few persons who do not use it daily, and who in consequence are not saturated with it, that the only chance of using it as a curative agent is to prescribe it in elevated doses and carefully prepared. The roasted grains ought to be triturated to the sixth and then prepared either in a very concentrated aqueous decoction or diluted by the ordinary means.

We should prescribe, as usual, *Coffea cruda* and *Caffein* in the cases in which they have already proven efficacious; insomnia, troubles of the circulation, neuralgia, and the hysteriform nervous accidents.

2. The regular use of a medicament is never indifferent to health.

"In order to live a long time, man ought to make use of aliments which not only may nourish, but which contain nothing of an irritating nature, and nothing medicinal. Drinks ought equally to be not only for moistening but also at the same time nutritive, as water from a pure source and milk. Medicinal substances are those which not only do not nourish, but may attack the health. Every attack upon the health is a state contrary to nature, a sort of malady. Coffee is a medicinal substance.

Nearly all medicaments cause in man, in health, disagreeable and painful sensations which, during the secondary effect, act inversely to what they do in their primary effect, and even their prolonged usage never produces agreeable impressions upon those in health.

There is only a small number of medicinal substances admitted as articles of diet by a refined world and eager for pleasures, which, in their primary effects, at least, make any exception to this rule. Some have the singular property, when used habitually, but with moderation, of producing during their primary action an artificial increase of the ordinary state of health, a sort of exaltation of life and sensations, almost exclusively agreeable, because the disagreeable effects, which are the result of their secondary action, are only slightly manifest as long as the user continues to enjoy fair health, and in other respects conforms to a natural mode of life. To this small class of medicinal substances which have been added to our dietetic pleasures belongs coffee, of which we know yet very little respecting its effects, either agreeable or disagreeable, however strange this assertion may appear. The immoderate use which we make of this drink at all hours of the day, the different degrees of strength which are given to it, the different quantities which are taken and the infinite harm in the social state, the age, and constitution of those who use it, cause to vary at each instant the point of view from which it should be observed, and render it difficult to arrive at absolute opinions upon its true effects. It is like a disk filled with writing turned rapidly on itself; although the characters may be accurately traced, everything becomes confused and illegible to the best eyes. One way only remains to us to know the most important of all the drinks, coffee; that is to observe without relaxation, with precision, with exactitude, avoiding as far as possible all illusions, and to trace carefully all the phenomena to their source.\*

The facts noted in this memoir confirm the justice of these observations. It is not only the use of a medicinal drink which is harmful, it is especially also the manner in which it is taken, and that which augments its evils in the greatest degree is its ingestion in the morning. We know very well how pernicious is the custom, so common among workmen, of drinking a glass of brandy or white wine on going to work; many of them become the victims of alcohol without ever having been drunk. In the same way those who smoke in the morning before taking the least nourishment are more susceptible to the influence of nicotine.

This is the reason why homœopaths, following the example of

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\* Hahnemann—The Effects of Coffee (*passim*).

*THE CLIMATE-CURE OF COLORADO.*

BY EUGENE F. STORKE, M.D., DENVER, COLORADO.

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WHAT class of patients are most benefited by a residence in the Colorado climate?

This question presents itself to the attention of the intelligent physician again and again. It also occurs with striking force to the invalid in search of health. In this somewhat diffusive paper I hope to indicate what classes of diseases most readily succumb to the benign influences of this great natural sanatorium.

In the active ranks of the medical profession there is a positive lack of reliable information regarding the claims of climatology.

I will make a personal allusion to myself, in order that I may, more clearly, show to what extent this woeful ignorance prevails.

Not long ago, a pulmonary disease had marked me for its own. Recurring hæmorrhages from the throat and chest suggested to me the necessity of a more congenial home than that of the cold, raw, and humid atmosphere of the northern lake region.

Naturally I turned to the department of climatology. I searched there vigorously and long for some definite data, without avail. I hoped in vain. I tried to find something from which to evolve a common-sense judgment regarding a climatic cure for diseases analogous to that from which I was then suffering. But the paucity of medical literature regarding this all-important subject was most apparent. There seemed to be an air of remarkable uncertainty surrounding the work of all climatologists. In point of fact, the invalid in his search after health is very much like "Cœlebs in search of a wife,"—hampered by uncertainties, and destined to make only an experiment at best.

The able representatives of the profession in the various metropolitan cities afforded me even less satisfaction than did the literature from which they were wont to draw their information. They de-

monstrated this physical fact, that water unaided will not rise above its head.

Doctor One said gravely, "Go to the mountains and inhale the excess of oxygen which abounds there." (?)

Doctor Two advised positively, "Try a sailing voyage on the ocean."

Doctor Three recommended me to try a damp climate, and mentioned Florida as the place *par excellence*.

Doctor Four was sure that "the climate of Arizona" was the one for me.

Doctor Five thought that "the Pacific slope would soon cure me."

Doctor Six favored a long residence in Texas.

Doctor Seven had strong predilections in favor of the mountains of Tennessee, which would "Brace me up and make a man of me again."

Doctor Eight was positive that "Asheville was the only place which promised any help to me."

Doctor Nine spoke very learnedly of Mexico. "It is the one place of all the earth where such poor mortals could hope to speedily recover."

Doctor Ten in the most contemptuous terms, denounced a search after a suitable climate as "Being a delusion and a snare. Such patients should remain at home, radically change their modes of life and every habit. They could thus recover amidst the joys and comforts of a congenial home."

Thus on and on, they went. Their various opinions might be extended to an interminable length. Suffice to say, there was very little unanimity of judgment. The representative men of the advanced wing of the profession were woefully lacking in the information which I then most needed.

I concluded that the suggestions made by the foregoing ten, could in no sense, be logical, practicable, nor correct. Like many another invalid, I closed my eyes, and made a leap out into the dark. Fortunately for me, I alighted, firmly on my feet, upon the magnificent plateau of the Rocky Mountains.

Having remained here for a few fleeting months, which all too rapidly passed and disappeared like the entrancing happiness of a pleasant dream, I have gathered health and strength. Nay, more,—



I have searched the unwritten records of the successful practitioners of Denver, and have gathered therefrom many practical ideas. I have learned much regarding the class of patients that will be more or less benefited by this glorious health-giving climate. I have learned the value of the sun-kissed mountain peaks. I realize the value of our fertile plains.

It would be a work of childish folly to imagine, even for a moment, that a few hundred words in a paper like this, could adequately express any of the details of this all-important subject. The matter could not be so treated by the very ablest man in our profession. Such a thing is manifestly impossible. Many hundred octavo pages would scarcely suffice. In the near future, however, I hope to be able to present to the homœopathic profession, a comprehensive work upon this subject,—one that will perhaps, more nearly embody the facts, and meet the demands of the present time, than any treatise now to be found upon our shelves.

I have made a brief *résumé* of this subject, in which I try to clearly show what class of patients may come to Colorado with the confident expectation of becoming ultimately healed.

1. Those who come financially prepared to meet the necessary expenses.

It is a positive fact that the cost of living in Colorado is fully one-third higher than it is in the great Mississippi and Ohio valleys. These expenses must be promptly met or the patient will lapse into a condition of worry which will soon be fatal to him. All the advantages of home surroundings, the amenities of the domestic circle, the magical presence of the sunshine, the genial warmth of the blazing fire, the bountiful supply of suitable food, the presence of congenial companions, and an uncontaminated atmosphere, are not, as a rule, to be found in the cheap boarding-houses. There economy prevails; it is the main-spring which animates the boarder and land-lady alike. I can imagine no place less conducive to recovery, than the so-called cheap boarding houses of Colorado. They are cheap in their appointments, but they are expressly dear in their effects. They indirectly cause a woeful loss of life. They are furnished in a painfully plain manner. The inexpensive rooms are so situated that the sunshine is forever excluded. Others shut out the sun to hide the discomforts of the place. To save fuel, the windows and doors are tightly closed for the greater part of the time, in conse-

quence of which a boarding-house aroma pervades every apartment. A poisonous atmosphere is here not an exception, but it is the rule. Therefore, I emphasize this fact, that to secure the benefit promised by this climate, one must come prepared to meet all these necessary expenses.

2. Those who are prepared to appreciate the advantages and overlook the disadvantages of a Rocky Mountain life. In other words those who come with sufficient information to enable them to know what they ought to expect.

Every health seeker in Colorado should, before leaving his eastern home, have obtained a good knowledge of the geography, climate and resources of the State. There is probably more home-sickness in proportion to the population in Colorado, than in any other place we can mention. Much of this is due to inexcusable ignorance which has produced unwarrantable expectations.

There is a spirit of good and evil which pervades the whole moral world. So in Colorado. The advantage of its climate is like a two-edged sword—it cuts both ways. The lack of disagreeable humidity of the air cures many bronchial troubles; but it produces a painful absence of waving trees and rich green grass. The remarkable dryness of the atmosphere relieves severe throat affections; but it creates immense volumes of dust. The high altitude has a healthful effect upon the air cells; but it necessarily admits of great variations of temperature. The grandeur of the mountains stimulates one's emotional sense; but these picturesque features also fan the State into many a hard wind-storm. The long and cloudless days from June to October diffuse the life-giving rays of the sun into one's inmost being; but they make the summer mid-day heat most intense. The rain and snow storms of April and May thoroughly lay the dust, and their grateful moisture is often a solace to the parched and burning throat and mucous membranes; but the depth and tenacity of the resulting mud is past comprehension. The general newness of the country makes, for the tourist, a most complete change; but it is incompatible with that wide extent of refinement and culture to which he is accustomed when at home. To quote from an able article written by Dr. Helen M. Bingham, of Denver, we can say:

“It is doubtful whether the world contains a man with a deeper sense of injury than the invalid who can be found in almost any Colorado boarding-house, grumbling because the country is not what his fancy painted it.”

3 Those who are prepared to appreciate the necessity for dry and rarefied air. We cannot find an air more delicious to breathe. It is not too exciting, neither is it too sedative. It has that sweet flexible quality which seems to support all one's happiest and healthy moods.

A valued correspondent writes:

"Climate differs from most remedies in this respect: its best results are dependent on the patient's knowledge of the manner in which it exerts its curative influence. A common absurdity at some seasons of the year, is that of a houseful of invalids who have come to Colorado for the advantage of altitude—prominent among which is dry air—but who join, three times a day, in a lament over the absence here of the rain and snow enjoyed in what they vaguely and offensively praise as the East—meaning anything east of the Mississippi. Such ignorance leads to conduct which sometimes defeats the best influence of climate."

4. Those who are able and willing to lead an out-door life. Good ventilation and exercise in the open air are even more necessary here than at a lower altitude. There is less oxygen in a cubic foot of this mountain air, than is contained in the same amount of air at tide-water. The great advantage of the Colorado climate rests largely in the fact that tender invalids are enabled to be out-doors more or less, nearly every day in the year.

5. Those who come with the intention of making their home here. Nearly all chronic invalids should come to Colorado with the intention of remaining indefinitely. A rapid improvement may give place to an equally rapid development of the disease, if the patient returns too quickly to his old home in the lower altitude. A very slow initial gain may, in a few months, be succeeded by a speedy return to health.

6. Those who on their arrival here will consult some competent physician. Nothing is more certain than that the climate-cure needs to be used under certain restrictions. Many a patient has come to Colorado, hoping to get away from doctors and their medicines, and to revel in the healing virtues of a much-lauded climate. They have escaped the perils of Scylla, and have rushed upon a Charybdis. The rarefied air is powerful for good or ill. It may stimulate the air cells; tone up the flagging heart; invigorate the enfeebled nervous system; or it may destroy. A patient may have apparently

recovered by the beneficent aid of this climate, and may have remained in this condition for several months, at the same time the disease may exist in a latent form, awaiting a suitable opportunity to redevelop. All patients should be carefully examined by the local physician before returning to a lower altitude. There are a thousand points upon which the invalid needs proper and often repeated advice.

7. Those who are willing to follow wholesome and salutary advice. Unfortunately, it often happens that the proper advice having been obtained by the patient, it is not implicitly carried out. He over-exercises, indulges in unwarranted dissipation, exposes himself to atmospheric vicissitudes, embraces a mind-destroying worry, and thus stultifies all possible improvement. It is worse than useless for such persons to expect a satisfactory cure in this climate.

8. Those who can possess themselves with patience and moderation.

In this connection, a recent writer says :

"The health seeker in Colorado should take especial pains to avoid too much muscular exercise before his heart and lungs have become accustomed to the unusual labor which the altitude makes necessary, even in quiet breathing. The patient who in his former home was urged to ride horseback, and take other out-door exercise, must often be admonished here to sit in the open air."

This admonition is more important because the stimulating influence of the climate inclines invalids to take exercise which is exhausting and permanently injurious.

9. Those who can be accompanied by some member of their family. That patient is, indeed, most fortunate who can secure the company of some healthy, hopeful friend. Days of illness and enforced idleness, in a strange land, away from all friends, is very trying, even to the most philosophical persons.

10. Those who come prepared to make the best of things, with a firm belief that "whatever is is right." A friend not long ago wrote in the following cynical strain, regarding an oft-repeated feature of Denver life:

"Boarding-houses are not in the hands of philanthropists. Rents and provisions are so high that many families reduce their expenses by taking boarders, and if the head of the family is out of work, the boarders must pay all the expenses of the household. If the boarder

feels that he gets too little for his money, he is welcome to leave, for the landlady knows that with the very best accommodations, he would be unlikely to stay very long, and probably some one else will want his room to-morrow. Moreover, the landlady does not know what day she may decide to join the aimless, moving throng herself. She can move easily, for she only rents her house by the month, and usually there is some one just from the East willing to rent the house and buy all the pieces of odd furniture which the first of a long line of boarding-house keepers gathered in the house."

11. Those who are not suffering from acute affections, with perhaps the exception of acute phthisis. The climate appears to be unsuited to nearly all forms of acute disease. The peculiar characteristics of the country are such that if a patient suffering from some acute malady should seek this natural sanitarium, the disease will be greatly and even seriously aggravated. He is quite likely to lose his life in the effort to get well. The almost universal experience is, that diseases in their acute stages are infinitely aggravated by the Colorado climate.

12. Those who are suffering from anæmia and chlorosis. It is an indisputable fact that the functions of sanguification, calorification, assimilation, secretion, and excretion are all more or less improved by a continued home in this climate.

13. Those who have been long affected by malarial poisoning. The absolute purity and rarity of the air induces many a wonderful cure in this troublesome condition.

14. Those who are not of an erethitic or excessively nervous temperament. Patients who possess these distressing conditions are apt to fare badly. Such persons may, however, find a tranquil spot on the heights and there be lured to rest by the way. But, in general, the attenuated atmosphere consumes their mortality too quickly away. They will burn out very quickly. These may choose a lower resting-place from which they can look up to the lofty peaks and revel in a more congenial air-pressure.

15. Those who are suffering from dyspepsia, "especially when due to want of natural tone, to over-work, or exhaustion from any cause." Park says:

"Dry air, low pressure, and abundant sunlight are among the chief curative agents in high altitudes; but to these must be added

the fact that the visitor enjoys a freer movement of air, novel exercise, and mental exhilaration. In brief, the effects are those of stimulation ; and they appear in improved digestion, sanguification, and an increase of muscular vigor."

16. Those who are suffering from chronic catarrh of the throat. Enough evidence has been adduced by competent authority, to convince even the most skeptical that the dry, cool, rarefied, sunny, clear, and pure, though variable, atmosphere of a well-chosen high altitude is especially curative for this disease. We may consider Colorado as the Mecca for throat affections.

17. Those who have chronic bronchitis. It should be known to every member of the healing art that the permanent cure of this disease depends entirely upon the functions concerned in nutrition, assimilation, circulation, and excretion, as well as upon the softness and purity of the air that is breathed. When these curative factors are reinforced by a peaceful quietude of mind, and perfection of daily rest, the cure is almost certain. Such conditions are nowhere more attainable than in the mountainous districts. The State of Colorado presents thousands of suitable homes for such patients as are practically incurable in the lower atmosphere and clinging dampness of an Eastern home.

18. Those who have chronic pleurisy. No one can gainsay that this distressing condition is easily curable, if the various functions of the body are conducive to the necessary repair. The improved nutrition, the increased assimilation, the active sanguification, the exaltation of the emotional nature, the stimulated muscular vigor, the perfection of capillary circulation, and the life-restoring sleep peculiar to cool and dewless nights, are elements that must cure many a long and almost hopeless sufferer.

19. Those who suffer from purely functional diseases of the heart. The action of the sympathetic and the pneumogastric upon the heart is generally acknowledged. There exists in or near the medulla oblongata a centre, stimulation of which produces increased frequency of the heart's action. The improvement of capillary and general circulation lessens the centric irritation, consequently the functional troubles disappear like the morning dew.

20. Those who are not afflicted with organic diseases of the heart. It must be remembered that this climate places more work upon the heart, and by virtue of this very fact, it is able to improve the nutri-

tion, tone, and vigor of this much-abused organ. It must not be forgotten, however, that over-work in the circulatory system is a most powerful agent for evil.

21. Those who are afflicted with chronic renal troubles. These cases are very likely to be benefited by the Colorado climate. The improved action of the organs of secretion and excretion is not confined to the interior of the body. The skin becomes fresh and ruddy in appearance; perspiration, either sensible or insensible, is usually quite active; and all the various functions of the cutaneous surface of the body are much improved. Hence, the strain upon the other excretory organs is much lessened.

22. Those who have pulmonary phthisis. This is the one disease of all diseases for which the climate of Colorado is to be especially recommended. The earlier such patients place themselves in this climate, the more confidently can they expect a permanent benefit. "Extensive destruction of lung-tissue, and the secondary supervention of marked organic disease of the heart are contra-indications. In a rarefied atmosphere a larger number of air-cells are necessary to support existence here than at the sea-level. If a patient taxes to the utmost his breathing power to live near the sea-level, it will surely kill him to come to Colorado." If his pulmonary strength is taxed at Denver, his death will be hastened by going to Colorado Springs, which is eight hundred feet higher. The Colorado physicians are the only ones who can give reasonably safe advice to a patient who is already on the ground, and is engaged in experimentally testing the mountain climate.

23. Those who are suffering from asthma. One need only to mingle in society to learn that many healthy Coloradoans were confirmed asthmatics in the East. It is not true, however, that all cases of this disease are relieved by climate alone. Many of its forms are only an expression of some pre-existing trouble, which will only succumb to an appropriate treatment. Asthmatics who have a complicating emphysema will find a high altitude inimical to them.

24. Those who are suffering from neurasthenia. Unless these patients are markedly erethitic, they will be much improved by coming to the foot of the mountains. A very high altitude would be likely to work them injury. The pleasant features of an outdoor life, which are practicable nearly every day in the year, will,

if guided by the indispensable advice of the conscientious local physician, produce a prompt and lasting benefit.

25. Those who are seeking benefit from mineral waters. Colorado has an area more than that of New York, Pennsylvania, Massachusetts, and New Jersey combined. This whole region presents a most remarkable variety of potable waters, which range in quality and extent from the great Manitou Spring, to the little nameless rill which trickles down the seamy mountain's side. These vary in temperature from the hot springs which bubble up from the smouldering subterranean fires, to the cold and limpid brook which follows its purling course. The most fastidious water-fancier can, with comfort, here slake his burning thirst from many a notable spring.

Dr. Theodore C. Williams, with the ability of a genius, has summed up many conclusions, which are so able and withal applicable to Colorado, that I will quote from him as follows:

1. That prolonged residence at high altitudes produces great improvement in the majority of consumptive patients, and complete arrest of the disease in a considerable proportion, such arrest being in a more or less degree permanent.

2. That in order to secure these advantages, patients must be free from pyrexia and all acute symptoms, and must possess sufficient lung-surface to adequately carry on the process of respiration in the rarefied air.

3. That the influence of climate seems to promote a change in the lungs, either of a curative or destructive character, and to oppose quiescence.

4. That residence at high altitudes causes enlargement of the thorax, hypertrophy of the healthy lung tissue, and the development of pulmonary emphysema around the tubercular lesions, and that this expansion of the chest is accompanied by diminution of the pulse and respiration rate.

5. That it is probable that the arrest of the consumptive disease is partly owing to the pressure exercised upon the tubercular masses by the increasing bulk of the surrounding tissue.

6. That the above local changes are accompanied by general improvement shown in the cessation of all symptoms, and the gain of weight, color, and of muscular, respiratory, and circulatory power.

7. That consumptives of both sexes benefit equally by mountain



residence, but that the age of the patient exercises considerable influence on the result.

8. That the high altitude treatment seems to be specially adapted in cases where heredity and family predisposition are present.

9. The climate is useful in cases of hæmorrhagic phthisis, and that hæmoptysis is of rare occurrence in the mountain stations.

10. That mountain climates are most effective in arresting phthisis when the disease is of recent date; but they are also beneficial in cases of longer standing.

11. That the special effects of high altitude residence on the healthy and sick are common to all mountain-ranges of elevations of 5000 feet and upward.

12. That to insure the full advantages of high altitude residence, a period of at least six months is necessary in the majority of consumptives. In cases of long standing, and extensive lesions, two to five years are necessary to arrest the disease.

13. That in addition to the above examples, mountain climates are beneficial in

- a. Cases of imperfect thoracic development.
- b. Chronic pneumopia without bronchiectasis.
- c. Chronic pleurisy, where the lung tissue does not expand after the removal of the fluid.

d. Spasmodic asthma, without emphysema.

e. Anæmia.

14. That they are contra-indicated in the following conditions.

- a. Phthisis with double cavities, with or without pyrexia.
- b. Cases of phthisis where the pulmonary area at low levels hardly suffices for respiratory purposes.

c. Erethitic phthisis, or phthisis where there is great irritability of the nervous system.

d. Emphysema.

e. Chronic bronchitis with bronchiectasis.

f. Chronic diseases of the heart and greater vessels.

g. Affections of the brain and spinal cord, and conditions of hypersensibility of the nervous system, and

h. Where the patients are too feeble to take exercise.

In conclusion, it only remains for me to say, with Mrs. Bird, that I believe that the curative effect of Colorado climate can hardly be exaggerated. One may travel extensively through the

State only to find that nine out of every ten settlers are cured invalids. Statistical records and medical works on the climate of this commonwealth now represent Colorado as the most remarkable sanitarium in the world.

#### DISCUSSION.

HENRY R. STOUT, M.D.: I have already spoken to the Institute upon the climatology of Florida. Moreover, it is a subject which would require a great deal of time to treat exhaustively. But there is a certain class of cases that are benefited there, and that is those of bronchial troubles, catarrhal troubles, cases of catarrhal consumption that are not too far advanced, cases of neurasthenia, of chronic dyspepsia, renal troubles, the latter benefited by the freer action of the skin promoted by the warm atmosphere, and as illustrating the beneficial results of the Florida climate in bronchial troubles, take my own case. I lived in Chicago, and of course had catarrh as almost everybody has who lives there, and this resulted in laryngitis and bronchitis. I was advised to go to Florida. The year previous to leaving Chicago I had coughed constantly, had asthma and lost flesh. I arrived in Jacksonville fifteen years ago last December, and probably did not cough a dozen times during that winter. The trouble vanished completely and I have never had any return of it, having enjoyed the best of health since. Of course, all cases are not benefited as much or as promptly. Cases too far gone in any disease are not benefited by any change.

If people remain in Florida for a year or two they can then go back north and remain for several months at a time, although the majority of cases benefited in Florida stay there year after year. Many of the business men, as well as those who own orange groves, came originally for their health.

Many come from their homes with the advice of a physician not to take any treatment, and of course, it is a difficult matter for a physician away from his patient to give advice, so it becomes necessary for the people to employ some physician resident in Florida. I was called to see a lady last winter. She had been in Florida for four or five weeks and when I saw her presented all the appearances of speedy death. She had serious lung trouble, with night-sweats and diarrhoea, was much emaciated and confined to her bed. She said that her family physician had told her not to take any treatment. She had treated herself with her own remedies that she had picked up here and there. I told her I would do as much as I could for her, and Arsenicum being strongly indicated I put her upon that remedy. She improved at once, the diarrhoea and night-sweats were checked within twenty-four hours and she picked up rapidly and steadily—in two weeks could sit up, and had gained

flesh. The lungs were so thoroughly diseased that while I thought she could get home alive, I did not expect more than that. However, she died one night very suddenly, and it is possible that if she had been under treatment all the time that she was there, she might have gotten home alive.

I have seen so many cases like this—where patients made serious mistakes in not taking remedies while resident in Florida. It is all very well for allopathic physicians to give such advice because the patients are better off without their remedies, but we, as homœopathic physicians, can do a great deal for them.

Cases of heart disease are always benefited in Florida. My wife has organic trouble of the heart, and suffered considerably in Chicago, but has had no trouble in Florida. Of course, the organic lesion is still there.

Cases of dyspepsia are usually benefited.

A lady who had phthisis came to Jacksonville from Denver, saying that the climate in Denver was too dry for her—she could not breathe, she was dying there from suffocation. Starting from Denver, her physician said that she would not reach Jacksonville alive, but she did, and was benefited so much by her life in Florida that she could breathe without difficulty. She died in two months, but was comfortable while she did live.

During the winter bilious cases thrive and do nicely, but of course not so well in the summer.

JOHN A. GANN, M.D., of Wooster, O., asked Dr. Eugene F. Storke, of Denver, Col.: In what class of cases of pulmonary phthisis, some with hæmorrhage, and others without, can we give the most favorable prognosis?

Dr. Storke replied: Those cases that have had slight hæmorrhage.

REPORTS  
ON THE  
HISTORY OF HOMŒOPATHY.



*HOMŒOPATHY IN ENGLAND—1886—1891.*

BY ERNEST H. STANCOMB, M.B., C.M., SOUTHAMPTON, ENGLAND.

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1886.—The year 1886, it will be remembered, was chiefly characterized by the adoption of a more aggressive attitude on the part of the homœopaths. From the Homœopathic League, tracts of unparalleled force and ability had commenced to flood the country with the real facts about Hahnemann, his disciples and their talents. Dr. Dudgeon's paper at the Bâle Convention entitled "En Avant" correctly indicated the spirit of confident progress that should animate future policy, and the year closed on a campaign already well advanced.

1887.—The consequences of this militant attitude were not long in becoming manifest. Dr. Dudgeon and the *Lancet* had exchanged shots, when the opposing forces came to close quarters in the Margaret Street Infirmary for Diseases of the Chest and Throat. This institution, an offset of the Brompton Hospital for Consumptives, had a staff of ten medical officers, two of whom—Dr. Iagielski and Dr. Marsh—having since their election commenced to practice homœopathy, became fit subjects for persecution. An arbitrary demand on the part of the other members of the staff that Drs. Iagielski and Marsh should either cease to exercise their own discretion in regard to medical treatment, or resign their posts at the institution, was met by a dignified refusal. Seeking to further their object at the annual general meeting on January 26th, the persecuting members were smartly censured for irregularly claiming to be "the Medical Staff" of the institution, and at a special general meeting of the governors held on February 10th, Lord Grimthorpe in the chair, Dr. Dudgeon's amendment condemning any attempt to limit liberty of opinion or practice being carried, the opponents of liberty were finally "wiped out," and subsequently resigned.

Dr. Cooper Torrey, the senior physician of the infirmary, will re-

tain the esteem of all lovers of fair play for declining to participate in this unwarrantable case of medical boycotting.

Unfortunately, this signal victory in London had no counterpart in Liverpool, where Dr. Moore severed his more than 50 years' connection with the Medical Institute, because of the failure to effect an alteration in the laws of the institution declaring homœopaths to be ineligible for election thereto.

Dr. Lauder Brunton, hard pressed to explain the large percentage of pure homœopathy in his new *Materia Medica*, attempted an answer in the preface to the third edition of this work, from which two admissions alone will interest homœopaths, first, that the American homœopath, Dr. Potter, supplied the most valuable additions to Dr. Brunton's index; and second, that the law "*similia similibus*" was known to Hippocrates, and has obtained occasional recognition ever since.

On September 25th of this year the Hahnemann Hospital was opened at Liverpool. This grand monument of the progress of homœopathy we owe to the munificence of Mr. Henry Tate. The opening ceremony which took place under the presidency of the Mayor of Liverpool (Sir I. Poole), will long be remembered as one of the most impressive in the annals of homœopathy.

The Annual Congress was held this year in Liverpool. Between seventy and eighty members met at the new hospital on September 22d. Dr. A. C. Clifton, the president, delivered the opening address, "*Therapeutic Changes in General Medicine During the Victorian Era.*" The meeting was one of the most successful of its kind.

In addition to the papers read at the monthly meeting of the British Homœopathic Society, a fair number of books and tracts swelled the homœopathic literature of the year. Foremost among the latter must be considered the League tracts, and of the former Dr. Compton Burnett's *Diseases of the Skin from the Organismic Standpoint*, and Dr. S. Renner's work on *Homœopathy and Gynecology*, deserve first place. The "*Hahnemann Oration*" was delivered by Dr. Dudgeon, who commented on some little-known letters of Hahnemann, proving that he stood in the vanguard of enlightened therapeutics.

*Obituary.*—During the latter half of 1886 two veteran homœopaths passed away. Dr. Thomas Hayle, of Rochdale, aged seventy-eight, died on September 17th, and Dr. William Bell, aged eighty-

six, at Eastbourne, on December 14th—both active and faithful supporters of the best interests of homœopathy. The London Homœopathic Hospital also lost a devoted servant by the death of Dr. Alexander Torry Anderson at Maida Vale, on November 6th.

Early in 1887 Dr. Duncan Matheson died at the comparatively early age of fifty-six. Dr. Matheson was a Fellow of the British Homœopathic Society and author of several books and pamphlets. He was also a member of the Gynæcological Society, and had for some years carried on an extremely successful practice in London.

Dr. Alfred Markwick, aged sixty-five, introducer of spongia-filine, died at Brighton, March 13th.

Another veteran, Dr. Newman, founder of the Bath Homœopathic Hospital, and grown old in good service for homœopathy, died at Bath, on April 9th, aged seventy-four.

Dr. McKenzie Scott died April 11th, at Willesden, aged eighty-two; Dr. Thomas Engall, M. R. C. S., one of the oldest and worthiest homœopathic practitioners, on July 18th, aged seventy-nine; Dr. William H. Wheeler, Reigate, October 3d, aged thirty-four, and Dr. Robert Douglas Hale, at Brighton, aged seventy-two, for forty years a practitioner of homœopathy, long to be remembered for his geniality and courtesy, bring the list for 1887 to a close.

1888.—This year, ever to be memorable as one of the most noticeable in homœopathic records, commenced with the ring of arms, and soon witnessed the "great fight" in the *Times*. The triumph achieved at the Margaret Street Infirmary, in the preceding year, will be remembered, with the resignation of the discomfited members of the staff. An election to fill their places found medical officers quite willing to take posts in the Infirmary, in spite of its homœopathic proclivities, so-called. Dr. Kenneth Millican, a surgeon at the Jubilee Hospital, South Kensington, became in this way attached to the Margaret Street Infirmary. In consequence of this connection, Dr. Millican was requested by his colleagues at the Jubilee Hospital either to give up Margaret Street or free them from his tainted company. Refusing to do either, Dr. Millican was suspended from his post by a sub-committee of the Hospital. and he thereupon brought an action in the Court of Queen's Bench, against the said committee for "wrongful dismissal." In delivering judgment for the plaintiff and granting an injunction, on December 14, 1887, Mr. Justice Inanisty most severely censured the course of action of



the committee. This judgment was unfortunately reversed on appeal, but in the meantime a letter by Lord Grimthorpe, calling attention to the "odium" that palpably pervaded medical circles precipitated an appeal to Cæsar. The *Times* threw open its columns to free discussion between the rival schools of medicine, the editors striving to hold an even balance and define the contest as much as possible. Under such favorable conditions the triumph of homœopathy was never for one moment in doubt. The attack delivered upon it possessed no advantage either of accuracy or force, but was conducted in the usual manner, characterized by ignorance of the subject under discussion, and contempt tempered with hatred for the opponents. The contention of the homœopaths, dictated by accurate knowledge of both sides of the question, wrested a favorable opinion from the *Times'* editor; produced a profound impression in the country; and constituted a landmark of unparalleled importance in the progress of liberty.

To mark, however, the old bitterness still exhibited in spite of the disclaimers of any "odium medicum" by members of the old school, the munificent offer of Lord Dysart to the Grantham Hospital of over £200 down, and £100 a year for ten years, on condition that a homœopathic physician should be on the staff, was airily declined.

The first Homœopathic Convalescent Home of a public character was opened at Eastbourne, August 25th. The Home contains twenty-one beds, admits eighteen patients, possesses a staff headed by Miss Batty, and has proved a most valuable extension to homœopathic work. The Deaf Homœopathic Cottage Hospital was also opened during the year at Marine Road, Eastbourne.

The Annual Congress was held at Birmingham on September 25th. Dr Dyce Brown delivered the presidential address, entitled, "Liberty of Opinion Indispensable to True Progress in Medical Science." The attendance of members was above the average and the meeting a highly successful one.

The collection of all the letters to the *Times* in the great controversy already mentioned, and their dissemination throughout the country in volume form, with history of the incidents leading up to the discussion, the *Times'* articles upon it, and also gleanings from the general press, forms a powerful literary feature of the year.

*Obituary.*—Dr. Robert Phillips died at Bromley, Kent, on February 20th, aged thirty-nine.

Dr. Robert Hitchman, an old practitioner of homœopathy, and also a scientist of no mean order, died at Liverpool, February 12th, aged sixty-five. Dr. Parkyn Simpson, after a long illness, brought on by untiring labor and study, died at Glasgow, on June 2d.

In November of this year Lord Mount Temple died. He must be gratefully remembered for having rendered important services to the cause of freedom by getting Clause XXIII. inserted in the Medical Act of 1858, this clause being the veritable "charter of liberty" for homœopaths. In this month also died Dr. Samuel Brown, at Brisbane, and Dr. Wadsworth of Doncastle, in his forty-eighth year. Dr. Wadsworth had a large practice and was much respected. Mr. I. H. Nankivell, of Penzance and subsequently of York, passed away at a good old age, in December.

1889.—After the exciting warfare of its predecessor the year 1889 gave little indication of medical strife. To prove, however, that the "old Adam" was still alive, the medical men of Hastings and South Leonards contrived to boycott and obtain the removal of Dr. Knox Shaw from his post as Medical Officer of Health, on the ground that if he, as a homœopathist, was allowed to take prominent part in the Health Congress then about to meet, they would have nothing to do with the Congress and thereby wreck it. Thus situated betwixt "The devil and the deep sea," Dr. Shaw felt compelled to resign his post.

Kelly's *London Directory* also showed strong sectarian spirit by omitting after the names of homœopathic practitioners their contributions to homœopathic literature, or connection with homœopathic institutions. The institutions themselves were also conspicuous for their absence from this singularly *accurate* directory. Dr. Dudgeon, ever anxious to be first in putting down such unwarrantable insults, took the matter under his especial care, and with the usual happy result, since later editions of the *Directory* are decided improvements. Under somewhat aggravated circumstances, Dr. Burford was refused admission to the Gynæcological Society in September of this year, solely because he practiced homœopathy.

It must be admitted, therefore, that the old policy of boycotting and reasonless opposition still characterized orthodox medicine.

A graceful incident of this year was the presentation of a testimonial to Dr. Pope, on his retiring from a twenty-five years' connection with the *Monthly Homœopathic Review*. The expression of

esteem in England was echoed by a testimonial forwarded from America through Dr. Talbot. Dr. Pope's services in the *Review* and elsewhere could never be overrated, and the occasion was well chosen for the most sincere expression of esteem.

The Phillips Memorial Homœopathic Hospital was opened this year at Bromley; and the first practical steps were taken toward realizing the proposal for a new building to replace the London Homœopathic Hospital.

Homœopathic literature for 1889 received an interesting addition by the *Letters of Hahnemann*, translated by Dr. Dudgeon; in an English version of Dr. Gallavardin's *Alcoholism and Crime*, and in Dr. Lloyd Luckey's *Psycho-Therapeutics*; together with many other publications of minor importance.

*Obituary.*—On February 4th, at Cannes, died Dr. Alfred E. Drysdale, at the early age of thirty-four. His name will be recognized in connection with literary work, principally as the translator of Ameke's *History of Homœopathy*. Dr. Wanless died at Dunedin, N. Z., January 22d, aged forty-two. Owing to her being an ardent homœopath, we must not omit to mention the death of the philanthropic Miss Goldsmid, which occurred on February 8th, in her 84th year. There is a bed in the London Homœopathic Hospital bearing her name. On May 18th Dr. Stephen F. Smith died suddenly at Holloway Road, London. Dr. David Wilson, a successful practitioner of homœopathy for forty years, was also removed suddenly from his sphere of labor on September 8th, aged seventy-eight; and at Norwich, on November 5th, died Dr. John Roche, aged seventy-five. The hundreds who assembled around his grave bore testimony to the great esteem in which Dr. Roche was held.

1890.—The epidemic of so-called influenza occupied the whole attention of homœopaths and allopaths alike during the spring of this year, and, in a manner more striking than unexpected, continual object-lessons were given, demonstrating the influence of homœopathy on old-school medicine. In spite of the very general use of a much lauded, but apparently deleterious, specific, the patients of traditional medicine had a bad time of it—especially when compared with their homœopathic fellow-sufferers. Amongst the multitude of advisers in the newspapers and elsewhere, the frequent recommendation of homœopathic remedies—or at least the observance of a “wise expectancy”—gave ample evidence of a public temper no longer to be

kept in ignorance by the would-be monopolizers of all medical light.

The forensic successes of the previous years found ample sequel in the practical benefits conferred by homœopathy during the course of this distressing epidemic.

Unable apparently to show opposition in any other form, the Royal College of Physicians this year, for the first time, boycotted the *Monthly Homœopathic Review*—not allowing it a place on the College Library table.

The magnificent donation of £10,000 to the building fund of the proposed new London Homœopathic Hospital, thereby practically settling the question as to whether the scheme should be gone on with or not, made this year one of great hopefulness,—the creation of a Metropolitan Hospital worthy of its traditions having been a cherished aspiration with the homœopathic body.

The Annual Homœopathic Congress was held this year at Bournemouth, on Thursday, September 8th. The president, Dr. C. H. Blackley, delivered the opening address; "Observations on the Progress and Tendency of Some of the Modern Methods of Scientific Research." The members present, though comparatively few in number, were confident in spirit and the meeting was felt to be a success.

*Obituary.*—Dr. George Moore, Mayfair, on January 8th, died in his fifty-second year, well known as a specialist in throat and chest affections. Dr. Moore passed away from a highly successful and aristocratic practice.

In June the London Homœopathic Hospital suffered a great loss through the death of Mr. Francis Bennoch, whose large experience and liberal views were of great service in governing the hospital.

Last on the obituary notices for the year is the death of Dr. William E. Ayerst, London, which occurred on September 24th. Dr. Ayerst was sixty-eight years of age, conducted a most successful practice, and left a large circle of patients by whom his loss was keenly felt.

1891.—The spring of 1891, characterized by the collapse of the "Koch" treatment, has only served to throw into fresh prominence the comparative richness of the homœopathic materia medica, and to stir up in its possessors a new spirit of conscientious application to those principles which alone can bring life into "old dry bones."

Kelly's London *Medical Directory* has issued a third edition, and has rectified to a large extent the former intentional omissions—the homœopathic hospitals and dispensaries, however, being subjected to a background of their own, and the homœopathic scientific societies and medical journals being entirely ignored. Dr. Clarke very properly protested against this even moderated form of persecution. The progress made in connection with this directory augurs well for the triumph of free opinion in medicine.

*Obituary.*—The hand of death has already this year removed from our midst, Dr. John Moore, a well-known physician and citizen of Liverpool, who died, deeply regretted, on January 3d, at West Kirby.

Dr. James Loftus Marsden, Cleve Vale, Hastings, who passed away on February 6th in his seventy-sixth year; and Dr. Augustus Cronin whose services as dental surgeon to the London Homœopathic Hospital had been much valued.

The great task of rearranging the vast homœopathic *materia medica*, extending over years but now almost brought to completion under the admirable care and untiring energy of Dr. Hughes, will place in the hands of all homœopaths a work of unparalleled importance in medical practice.

A retrospect of homœopathy for the past five years shows evidence of an unceasing spread of its tenets amongst all classes of society, and of an increasing reputation in the press.

The influence on the medical profession has not appeared to be great; but realizing as we must do, that the medical practice of the future will be increasingly subject to intelligent inspection by the people, who will no longer be prevented from the use of that intelligence in such serious matters as health and disease, life and death, we feel confident that the direct appeal to the public inaugurated in 1886 was a judicious sowing of seed, already bearing fruit, and destined to yield an hundredfold in the not distant future.

To the foregoing a few words must be added as to the history of homœopathy during the five years in the other parts of the British empire.

*India* speaks for itself, through Dr. Batap C. Majumdar.

*Canada* would doubtless have done the same, had not death robbed us of a faithful reporter hitherto, and a most valued colleague, Dr. Thomas Nichol, of Montreal.

*Australia* comes into notice mainly through the Melbourne Homœopathic Hospital, which continues to progress upon a most successful career, increasing its space (it has now sixty beds) and its income, and reducing its mortality. It has made a striking record in the treatment of the typhoid fever which, owing to the defective sanitation of the city, prevails there epidemically every year. During the three years 1887-1889, the death-rate from this disease in the two old-school hospitals was thirteen and fifteen per cent. respectively, while in the homœopathic hospital it was only eight per cent. In *New Zealand* a successful fight has been made (as we shall see) for medical liberty, by P. Murray Moore, who was actively supported by the lay press.\*

*Tasmania* holds out good hopes of the speedy establishment of a hospital in its capital, Hobart.

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\* See *Monthly Homœopathic Review* for 1888-1889.

## HOMŒOPATHY IN THE COLONY OF NEW ZEALAND.

BY J. MURRAY MOORE, M.D., F.R.G.S., LIVERPOOL, ENGLAND.

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IN all the free self-governing colonies in the British Empire our system, when represented by qualified men of ability and respectable character, has established itself firmly in the confidence of the public—a public more quick and intelligent than in the parent country.

New Zealand, on the whole, the most intellectual of the Australasian group of British communities, has welcomed homœopathy cordially from the year 1853, when the first homœopathic pharmacy was opened in the colony, namely, in Auckland—the northernmost of the four chief cities, in the North Island, by a Frenchman, named Delatre. Dr. Carl Frank Fischer, a German homœopath of singular energy, ability and enthusiasm, commenced practice there in the same year, and very soon made a large and influential circle of patients. The memory of his cures lasted right down to the period of the writer's stay there (1879–1888). Dr. Fischer remained in Auckland until 1870, when he removed to Sydney, New South Wales. Next year (1871) Dr. F. Hartman, formerly of Norwich, England, took up the practice, which he carried on most successfully until his death in 1878. Then for nearly two years there was an interregnum, until Mr. J. A. Pond, the homœopathic chemist, induced Dr. J. Murray Moore of Liverpool, who had given up practice in consequence of failing health, to go up to New Zealand and fill the vacancy. Dr. Moore was much invigorated by the voyage and his cordial reception in Adelaide, Melbourne, Sydney and Tasmania, *en route*, and began his work in Auckland, January 1, 1880.

Dr. Moore held his ground well in Auckland, until summoned home by the dangerous illness of his father, the late Dr. John Moore of Liverpool, whose death January 3, 1891, from valvular heart disease, has caused a great blank in the personnel of homœopathy in England. Dr. M. Moore has remained in Liverpool.

In 1859, Dr. John Irvine, formerly of Leeds, had settled in Nelson, New Zealand, and in 1868, Dr. Deck commenced practice in Invercargill, removing to Dunedin in 1873, which he quitted in 1877. Dr. J. R. Wanless, who died three years since, continued the homœopathic practice in 1878, until his death in 1887. The practice in Dunedin is now continued by Dr. Wm. Lamb, a recent convert from the "regulars." There is no practitioner in Nelson, which is a small city now. In Christchurch in the Middle Island, homœopathy has for many years been very ably represented by Dr. James Irving (note the final g), formerly of Newark-on-Trent, whose generous hospitality is freely bestowed on any colleague who may pass that way. The social and professional position that Dr. Irving has attained is among the very first in this large and important community; and he is met in consultation, when necessary, by a leading allopath. In Hastings, near Napier, the capitol of the Hawkes Bay district of the North Island, a Dr. Hamilton settled some years since, partly to farm land, and partly to practice homœopathically. In Napier City, a Mr. Samuel Cowell, licentiate of the State of California, but having no diploma, registrable according to the laws of New Zealand, has practiced for about sixteen years, with considerable success I am told.

Wellington, the capital of the colony, is not furnished with a homœopathic practitioner. Several have tried their fortunes there but with indifferent results.

There are two well appointed homœopathic pharmacies in New Zealand—those of Dr. J. A. Pond in Auckland, and of Mr. M. Marshall in Dunedin. In Wanganui, a rising town on the west coast of the North Island, north of Wellington, a bookseller, Willis by name, who is an enthusiastic amateur in our system, keeps the medicines for sale; and all the allopathic pharmacies have them in stock.

There are no homœopathic hospitals or dispensaries in New Zealand.

There are, then, at the present time in New Zealand, the following qualified and registered practitioners of homœopathy, up to the latest advice.

Auckland.—Drs. Orpen and A. G. Purchas.

Hastings.—Dr. Hamilton.

Christchurch.—Dr. James Irving.



Dunedin.—Dr. W. Lamb.

Napier.—Mr. S. Cowell (not registered.)

As to the legal status of practitioners of open and avowed homœopathy in New Zealand, it may be stated, in brief, in order to be registered in the Medical Register of the colony—which now includes about 500 names—the medical applicant must :

1st. Pay a fee of two guineas (10 dollars), to the registrar of the district where he intends to reside.

2d. Advertise in one of the local papers his intention to practice his profession, stating his full name, address and all his registrable titles, which must be those recognized by the British General Medical Council.

3d. After one month, if none of his qualifications are challenged, he may legally commence practice.

Now it will be interesting to this convention to learn how the attempt of the allopaths to narrow the Registration Law, and to curtail the professional liberty of the avowed homœopath, has been thwarted.

We all, in old-fashioned British communities, have to harden our ears against being called hard names, by our allopathic friends and yet we ought to be civil and courteous to them when we meet them on common ground. Where so much "quack" practice exists as in the colonies, one would have supposed that qualified respectable men, of all shades of medical opinion, would be included in any medical association worthy of the name. But no, the illiberal platform of the British Medical Association, which by its rule passed in 1851 excludes homœopaths, was adopted by the allopaths of Auckland in 1883, as a basis whereon to form an "Auckland Branch of the New Zealand Medical Association." Dr. Moore warmly protested at that time against this narrow bigotry; but his protest was disregarded, and the association was formed. In the early part of 1888 it was announced that a general conference of all the (Allopathic) medical associations in New Zealand was about to be held in Auckland, and Dr. Moore thought it a fitting opportunity to appeal to the press in favor of the inclusion of the homœopathic practitioners, having previously ascertained that they were ineligible by Rule X. of the Auckland Branch Association for membership, or even for attendance at the conference.

The protest was first sent to all the medical men whose addresses

could be ascertained, then to the leading daily newspapers, and lastly to the *New Zealand Medical Journal*, published quarterly in Dunedin. The press unanimously and most cordially endorsed its spirit, principles and timeliness. Seven prominent allopaths wrote to the author approving it. The "*Auckland Evening Star*" had two editorials upon the exclusion of the qualified homœopathic practitioners from the medical association; and the *New Zealand Herald* "chaffed" the doctors in conclave upon the inconsistencies of medical orthodoxy.

The following is a summary of this "Protest," the success of which marks an era in the history of homœopathy in New Zealand.

After recapitulating the obnoxious Rule X., which reads: "No homœopath, nor any person whose qualifications are not recognized by the British Medical Council, shall be eligible for membership," Dr. Moore wrote: "For the second time, then, I solemnly protest against the importation into the free air of this colony of such a piece of Old-World prejudice and narrowness as the exclusion from your society of certain properly qualified practitioners, merely on the ground of their belief in a certain law or rule of therapeutics, the existence of which is denied by the majority, who have never investigated it. To be honest and explicit, the title of your Auckland Branch should be, 'The Auckland Allopathic (or non-homœopathic) Medical Association.' Far removed as we are in Auckland from medical libraries, museums, colleges, and special hospitals and societies, one would have thought that a company of medical men forming a colonial society—formed (as the Memorandum of Association of the British Medical Association expressly states) for the 'promotion of medical and allied sciences, and the maintenance of the honor and interests of the medical profession'—would not have excluded from their fellowship that small number of honest men who openly acknowledge the truth of the law of similars first demonstrated by Samuel Hahnemann. What would the scientific men of the world think if the British Association for the advancement of science had debarred from its membership, thirty years since, all believers (few at that period, like our own number) in Darwin's theory of evolution? It would have been the derision of the scientists. It is because every new theory and fact brought before it has been always freely discussed, and as a rule investigated, that this grand and liberal association has become the leader of scientific work, and the goal of aspirants after fame throughout the world.

"The broad basis of membership in the New Zealand Medical Association ought to be (1) a respectable character, and (2) the possession of a diploma or degree recognized by the British Medical Council. The ballot secures you against the intrusion of individuals unaccepted by the majority of members. While I am glad to acknowledge the individual friendship and professional assistance of some of your ablest men on several occasions, I am now seeking to remove this barrier, not for myself alone, but for all qualified practitioners of my therapeutic belief. As the various objections to the admission of homœopathists to the medical societies and hospitals have been carefully answered by Lord Grimthorpe, Dr. Dudgeon, Dr. Dyce Brown, and others in the recent controversy in the *London Times*, and by Mr. K. Millican (a victim of allopathic trades-unionism) in the *Nineteenth Century* for February, 1883, it would be but waste of space to reiterate and refute them. While, in accordance with the strict laws of the British Homœopathic Society, I neither assume on card or plate the title 'homœopath,' I cannot for a moment repudiate the word, which, to the public, rightly and conveniently designates my mode of practice. Every one of you who gives a dose of one hundredth of a grain of corrosive sublimate to cure dysentery, or one drop of ipecacuanha wine to cure vomiting, is a homœopathist for the time being. I find your favorite manuals of therapeutics, written by Drs. Ringer, Bartholow, Brunton, and C. Phillips, absolutely teeming with unacknowledged appropriations from homœopathic sources. To call the practice of my system 'irregular' is futile, so long as you cannot agree unanimously upon a definition of what 'regular' practice consists. 'So much is homœopathy permeating the so-called 'regular' practice, that even our tasteless preparations of medicines are being imitated all over the world. Exclusive of my distinctive homœopathic practice, I am in full accord with the conventional ethics and usages of the profession. Our lot is cast in a young and vigorous country, where truth should spread and grow, untrammelled by tyranny, whether medical, religious or political; and where our noble profession should discountenance Pharisaism in its societies, while presenting a determined and united opposition to real quackery. I call upon you to signalize this Conference by sweeping away this obnoxious rule, which is rendered doubly offensive by being worded so as to class us with the whole tribe of unlicensed practitioners."

The success of this protest in the minds of the reading public, coupled with letters written to various Cabinet Ministers and Members of the Colonial Parliament, served to effect a very useful and important piece of work, namely, the obstruction of a new Medical Act, which was to be introduced that session into the Legislative Council (the upper House of the Legislature) by the Honorable Dr. Grace. This Act, as originally drawn up, would have disqualified all the practitioners of homœopathy throughout New Zealand from voting for the elected members of a New Zealand Medical Council of Registration, which was to be created by this Act, constituted for the control of all matters connected with the practice of medicine throughout the colony. Under the provisions of this unamended Act, a vote for the member of the General Medical Council, to be elected from the provincial district where the elector resided, was given only to the members of the Branch Medical Association, therefore only to non-homœopaths. Furthermore, a homœopathic practitioner was ineligible for election as a member of the General Medical Council. These and other pieces of allopathic unfairness toward homœopaths having been pointed out by Dr. Moore, he received assurances of support from the Attorney-General, from the Hon. Mr. Ballance, the present Premier of the Colony, and Edward Withy, Esq., M.H.R., and the upshot was, that the Act—"Bill," as it is technically called before it becomes an Act of Parliament—was quickly dropped from the orders of the day. Subsequently it was amended into a more liberal measure—a vote for the medical election being given to every registered medical man, and is now a law of New Zealand.

As New Zealand models its medical legislation upon that of England, it will not be a surprise to our American colleagues to learn that none of their M.D. diplomas, except those of Harvard and Yale, are recognized as being a registrable title to practice in the colony. In fact New Zealand is now pretty well stocked with doctors, about five hundred supplying the wants of its six hundred thousand of population, because of the number of New Zealand-born youths who go "home" to study medicine, take their degree or diploma, and return to practice in the locality where they are best known. Thus the colony is every year more completely supplying its own practitioners from its own families. The other source of supply of doctors is from surgeons of steamers and emi-

grant ships. Those who want further information upon openings for practice, upon the climate, resources, social life, etc., of New Zealand, should read Dr. Moore's *New Zealand for the Emigrant, Invalid, and Tourist*, published by Sampson Low & Co., London, where all that it is useful and interesting to know about this colony is carefully, impartially, and readably set forth. In this book, for the first time, the five natural zones of climate into which New Zealand may be divided, are described. The wondrous efficacy also of the hot mineral springs in various chronic diseases, with a full analysis of each of the principal springs, and the kinds of ailments for which each is suitable, are described with minuteness and an accuracy only possible to one who had lived in the colony for years, as the author has.

The climate of the North Island of New Zealand is like that of Sicily, and is peculiarly beneficial to sufferers from bronchial and throat diseases, and to some cases of consumption in the earlier stages.

The climate of the Middle (often called erroneously the South) Island is more suited for those whose lives are inactive, and who suffer from chronic dyspepsia.

The South or Stewart's Island is not at all attractive to invalids, being as cold, wet and stormy as the west coasts of Scotland, or of Norway.

The bracing, stimulating character of the climate of New Zealand and as a whole is so great as to produce nervousness in many who reside there, and in all who are born there. Hence, in a great measure, arises the inexhaustible energy, restlessness, and hopefulness of the New Zealanders, who resemble in these features the Americans rather than the English. Much of their recent legislation also is founded upon American models, yet they are devotedly loyal to the British Crown.

It remains to be stated that there is a well-devised pharmaceutical registration act in force in New Zealand, by the provision of which every person desirous of opening or assisting in a chemist's or druggist's shop must pass a reasonably stiff examination in general knowledge, and in chemistry, pharmacy, materia medica, etc., before he can be registered. This act includes a compulsory special examination in homœopathic pharmaceuticals and materia medica, if a candidate declares his intention to open a homœopathic drug store.

Competent examiners are appointed by the pharmacy board created by this act, in all the subjects scheduled for examination. It is due to Mr. J. A. Pond, analyst and homœopathic chemist of Auckland, to state that it was due to his foresight and influence that this homœopathic qualification was specifically inserted in the New Zealand Pharmaceutical Act.

Although our system is spreading among the colonists, it appears to your contributor that with the exception of Napier, Wangani, and Wellington, the New Zealand cities are at the present time sufficiently supplied with homœopathic practitioners ; while up the country there would not be sufficient support for any doctor limited to this mode of practice.

*HOMŒOPATHY IN INDIA.*

BY B. M. BANERJEE, M.D., CALCUTTA, INDIA.

HOMŒOPATHY was first introduced into India by one Dr. John Martin Honigberger, during the lifetime of Samuel Hahnemann, in 1835. But he was hardly the proper person to propagate the new truth, because he practiced all sorts of pathies. Dr. C. Tabere Tonere was the first qualified physician who practiced homœopathy in India, and who through the help and patronage of the Honorable Sir John Hunter Little, G.C.B., Deputy Governor of Bengal and President of the Council of India, established a native homœopathic hospital and free dispensary in 1851. But this dispensary was a short-lived one.

About this time there were a good many amateurs in the civil and military services and other private gentlemen who practiced homœopathy and distributed medicines gratis to the rich and poor alike. Of these Mr. E. De Latour, C.S., Magistrate of Alipur, not only gained a wide reputation as a successful healer, but converted many of his subordinate magistrates into amateur practitioners. But the real dissemination of homœopathy began in the year 1861, through the energy, zeal, tact, perseverance and successful application of Babu Rajendra Dutt, a wealthy and much respected citizen of Calcutta. Babu Rajendra Dutt in a short time became a very successful practitioner and was fortunate enough to cure several inveterate chronic cases which could not be cured by renowned European physicians of the day. In the year 1864 Dr. Berigney came to Calcutta to practice homœopathy, from Melbourne. His paths were made easy by the success of Babu Rajendra Dutt. It was through the exertion and persistent appeals for a fair hearing and trial of Babu Rajendra that homœopathy was forced upon the attention of Dr. Mohendra Lall Sircar. In 1867 Dr. Sircar openly declared his conviction in homœopathy and in the next year he published the

*Calcutta Journal of Medicine*, the first medical periodical in the East, advocating the cause of homœopathy. About this time Dr. Leopold Salzer of the University of Vienna came to Calcutta and established himself as a homœopathic practitioner.

The second native qualified physician who adopted the new system was Dr. Behary Lal Bhaduri. His success within a short period was phenomenal.

There never was a time when homœopathy was in such demand as at present in India. It is a significant fact that its progress has been greatest among the most intelligent and educated.

Our eminent colleague, Dr. Sircar, in his report to the Congress of 1881 justly remarked that, we here in India, though few in numbers, will stand by the truth in spite of the sorest discouragement from an unrelenting opposition and in spite of other difficulties. We are not without hope that our number will increase gradually though slowly. There is not only no apprehension of homœopathy dying out, as is triumphantly believed by our opponents, but there is every prospect of its maintaining and extending its conquest, over nearly the whole domain. This, however, will take a prodigiously long time unless pressure be brought to bear from without, from the community and from the legislature. The legislature here is dependent upon the legislature in England. We therefore anxiously watch the action of our *confreres* in England. Dr. Sircar's prophecy has been fulfilled to a certain extent.

In India, we get no encouragement from the government, because we have no elective system in our legislature. The members of our council are all nominated and therefore do not sufficiently represent the views of the people. We can scarcely entertain any hope that government will ever encourage homœopathy. The homœopaths are everywhere discouraged. Their certificates are nowhere recognized. They are not allowed to hold any government post. They are ridiculed and derided by government. In spite of such discouragement and in spite of such disadvantages, I am glad to report that homœopathy is progressing satisfactorily in India.

Homœopathy would have progressed far more satisfactorily and by leaps and bounds if our friends, the members of the old school, had not assimilated homœopathy, though in its crude form, in their practice. Here in India, a very large number of allopaths practice homœopathy surreptitiously, so to say, and are not honest enough to



acknowledge the source of their knowledge. Another significant fact is, that the regular and scientific purloiners of homœopathic medicines are the greatest enemies to our system and our cause. The cause of their dogged opposition is not far to seek. These men by continually appropriating homœopathic medicines, are imposing upon their brethren as discoverers of new drugs and thus fostering upon the unacknowledged appropriation of the treasures of homœopathy. It is for this reason that homœopathy is not progressing so well as it ought to have been. The old school would have been at a greater discount with the public if it were not for such purloiners as Ringer, Phillips, Potter, Bartholow & Co. We are of course proud to find such eminent men of the old school who are mostly teachers of renowned medical schools, appropriating and greedily assimilating homœopathy. If we look to the medical Annuals and Retrospects, we find that almost all the hints on new drugs are taken from homœopathy. Though it is in this way, crude homœopathic teachings extending into the heart of allopathy, have been sustaining the vitality of the old school, yet we are not satisfied with such altered homœopathy. We want to see pure homœopathy progress steadily. We want to see the law "*Similia similibus curantur*" established in firm footing amongst all sections of medical practitioners.

Since the last Congress of 1886, homœopathy has made very rapid strides in India. In the city of Calcutta and its suburbs its progress is especially noteworthy. Since 1886 no fewer than twenty new homœopathic druggists' shops have been established, and some of them are making roaring business. Noticing the success of homœopathy, our brethren of the old school have begun to practice it surreptitiously. In Bengal, but especially in Calcutta, there are very few allopaths who do not prescribe homœopathic medicines in infinitesimal doses, and according to the law of "*similia*." The allopathic practitioners here never hesitate to call in the aid of homœopathic practitioners in hopeless and difficult cases in their own families. In cholera, many of these practitioners themselves prescribe homœopathic medicines. They declare that homœopathic medicines are efficacious only in cholera and diseases of children!

Our country is very malarious, and there are innumerable cases of pernicious fever which did not formerly yield so readily to homœopathic medicines, but were easily suppressed by quinine. More persons suffer from bad effects of quinine than from actual malarious

poison. Malaria-stricken people are groaning under the indiscriminate maladministration of quinine. People at large have come to know the ill effects of quinine in malaria, and they therefore now-a-days readily come to homœopaths for treatment of fevers. Contrary to our expectation, we now find in our everyday-practice that homœopathic treatment, by strict individualization, is very efficacious in all sorts of intermittents and remittents, including the so-called pernicious forms. These so-called pernicious fevers are nothing but simple intermittents mismanaged by large and often-repeated doses of quinine. Our success in the treatment of malarious fevers has given great impetus to the spread of homœopathy in this country.

Besides the establishment of so many new homœopathic druggist establishments, there are other evidences of the progress of homœopathy in this country, viz.: (1) The homœopaths generally get better paid; (2) Large sales of homœopathic books; (3) Translations of homœopathic books into vernaculars of the country. Almost every month new vernacular books on homœopathy are now being published.

Demands for homœopathic practitioners are so great that many laymen—in fact, the majority of homœopathic practitioners in this country are laymen—have appeared in the field, and doing a very profitable business as homœopathic practitioners. There are between thirty and forty qualified homœopathic practitioners in the province, and most of them reside in towns. Almost all schoolmasters and sub-postmasters in the Muffasil are homœopathic practitioners. I must call them the pioneers of homœopathy, and it owes them much in this country. Most of them do not charge for visits and medicines, and it is through their exertions that homœopathy has spread to every nook and corner of this vast province. But we are not satisfied with this progress. We have in India no public homœopathic hospitals and no properly fitted out college for the teaching of its tenets.

We have two homœopathic schools in Calcutta and two in Dacca. But they are all elementary ones. There are no dissecting classes, no laboratories, nor any hospital or dispensary attached to these institutions. The students, however, receive a sound theoretical education, as in the Calcutta schools some of our best men deliver systematic lectures.

A few years ago there were several public charitable dispensaries in various parts of the country, such as Allahabad, Agra, Benares, and Bombay.

Five years ago we had two journals, namely, the *Calcutta Journal of Medicine*, edited by Dr. M. L. Sircar, and the *India Homœopathic Review*, edited by Drs. B. N. Banerjee and P. C. Mazoomdar. It is a matter of great regret that both of them have now ceased to exist for want of professional support. In conjunction with my friend, Dr. Mazoomdar, we also started a vernacular journal, but this also has ceased to exist on account of the scant support that was accorded to us.

During the last five years we have lost by death two of our prominent practitioners. Mr. Rajenda Dutt; though a layman, his services were sought for eagerly by the public, and even by qualified medical men. He was one of the first, though not the very first, who made homœopathy popular in Calcutta. He never charged anybody for attendance and medicine. In fact, he devoted the last thirty years of his life to relieve the sick poor of Calcutta. He belonged to one of the richest families in Calcutta, and was therefore respected by all classes alike, not only for his pedigree, but for his kindheartedness and unremitting attention to the sick. His success was due to the great care and all-engrossed attention he used to devote to case-taking and finding of *similimum*. He was a true Hahnemannian, and his success, therefore, was immense. His success called forth admiration, even from eminent members of the old school. His loss is irreparable.

I am sorry to record the death of another very prominent homœopath, viz., Dr. B. L. Bhaduri. Dr. Bhaduri after graduating from the Calcutta Medical College accepted the post of assistant surgeon of Furrackabad. Being of an independent frame of mind, he could not continue long in service. Throwing up his appointment he suffered great privations and afterwards came to Calcutta to practice allopathy. Here, coming in contact with the late Dr. Berigney, he soon became a convert to the new system. In a short time, by successful cures, he made a name and fame. He was a very close observer and careful prescriber. He was also a true Hahnemannian. Much of the present success and spread of homœopathy in Bengal are due to him. He was the proprietor and editor of the *Indian Homœopathic Review* and was the author of several Bengali books

on homœopathy. His last work was the translation of Bæher's *Science of Therapeutics* in two big volumes. He was fifty-one years of age at the time of his death.

Outside the city of Calcutta, there are very few true homœopathic practitioners. In the northwestern provinces, Madras and Bombay, there are qualified practitioners who practice both the systems, as this seems to pay better.

About six years ago a public homœopathic hospital was established at Bombay under the presidency of Justice Kembel. But it did not continue long, because the physician in charge, was not a true homœopath.

In conclusion I wish all success to the Congress and beg that the members of the Congress should always take a kindly interest in the spread of homœopathy in India. I assure the members that there is a bright future for homœopathy in India, and before long we may be in a position to invite our colleagues to hold a meeting in India.

*HISTORY OF HOMŒOPATHY IN INDIA FROM  
1886-1891.*

BY P. C. MAJUMDAR, L.M.S., CALCUTTA, INDIA.

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THE history of homœopathy in India since the last International Congress is full of events of continued progress and improvement. Our system of treatment has got a stronger hold upon the public mind than it has hitherto had, now that homœopathic physicians are called on in every family and its claims are somewhat recognized. Though hostile attitudes of our old-school friends towards homœopathy are not rare, yet they are cognizant of the beneficial effects of our method of cure. We are not laughing stocks now as we were ten years ago. Though we have got no direct support of our government, still the highest officials in the State do recognize the merits of homœopathy; even the Chief Justice of the Bengal High Court some time ago was treated homœopathically by one of our colleagues. Our esteemed colleague, Dr. Mohendra Lal Sircar was deservedly honored with the title of Companionship of the Indian Empire, and he was selected as a member of the Bengal Legislative Council. These are honors which few medical men obtain.

Hahnemann's new method of cure has obtained an entrance even into the nooks and corners of this vast country. In every family in a village you will find medicine boxes and homœopathic domestic works in both English and native language. There is a village called Natuda in Nuddea district, where a rich and munificent nobleman, Babu Nafore Chandra Patchoudry, in conjunction with his England-returned brother, Mr. B. Patchoudry, established a homœopathic hospital at his own expense. All credit is due to its attending physician, Dr. B. B. Chattergi, M.B., for it was by his marvellous cures that the liberal-hearted gentleman, the proprietor of the hospital, was induced to establish this charitable and useful institution. There are about twenty or twenty-five beds in this hospital. I have seen some surgical cases here very nicely treated.

## HOMŒOPATHIC PRACTITIONERS.

In Calcutta alone we have about twenty qualified homœopathic physicians; of these there are four M.D.'s, one L.R.C.P., of London, two M.B.'s, and the remainder L.M.S. We have besides these ten practitioners in the suburbs of Calcutta, and also many in different parts of India. Though we are numerically inferior to old-school men, still we have very enthusiastic and energetic representatives of homœopathy in this country. We are proud of those veterans by whose unbounded energy and sympathetic help we are able to propagate Hahnemann's system of therapeutics throughout the length and breadth of this vast country.

## HOMŒOPATHIC PHARMACIES.

One will be amazed to see so many homœopathic shops in different streets in Calcutta. They are in a prosperous state, no doubt. With regard to charitable dispensaries and institutions of homœopathy, I express the same regret now as I did in my last report to the convention. I have repeatedly ventilated my views as to establishing a homœopathic hospital in Calcutta, in public press and conversation, but all in vain. I am sorry to say we have rather retrograded in this direction. Dr. Mohendra Lal Sircar is still doing his best to help the poor suffering people at his own house, at a great personal loss. A charitable outdoor dispensary was opened in the year 1889, in connection with the Calcutta school of homœopathy, with the view of assisting students in their clinical instruction and giving homœopathic help to poor patients. The average attendance was encouraging, but it is doomed to a premature death owing to the want of a medical officer. The Chorebagan Dispensary under Mr. D. N. Banerjee is doing some work.

About literature of homœopathy during these five years but very little progress has been made. No new books come out. Our periodicals do not appear regularly during this interval. Dr. Mohendra Lal Sircar is all along in indifferent health, so his *Calcutta Journal of Medicine* cannot be expected in time, and the Indian *Homœopathic Review* has ceased to exist. I am glad to say that this latter journal makes its appearance again from this April under my own editorship.

Public teaching of homœopathy has made some stir in our hands.

The Calcutta School of Homœopathy is continuing its progressive career. The school, which has hitherto been under my sole management, is now placed under an able managing committee from the year 1889, with Dr. D. H. Roy as its secretary. From this date the school has done some substantial work. An incident in connection with the school is worthy of note here. In the year 1886 the generous hearted Dr. B. L. Bhaduri wanted a homœopathic physician to treat cases of cholera raging in a famine-stricken district of Bengal. Of course it was understood that he would bear the expenses—the doctor's pay, medicines and other charges. We supplied him with a passed student of our school. I am proud to say that the gentleman appointed did yeoman service in curing almost all cases that came under his care. The Government charitable dispensary (allopathic), opened for the outbreak, was closed owing to paucity of patients there, while our young friend had numerous cases to treat. His unwonted success with homœopathic treatment, and the utter failure of allopathic doctors, were said to be the cause of this occurrence. Dr. Bhaduri was so much pleased that he was induced to write an editorial article in his *Indian Homœopathic Review* advocating the cause of the School.

Another school has been started by our friend Dr. M. M. Bose in this city, to teach both students and officers. This institution is also in a prosperous state.

The Hahnemannian Society meets every year in commemorating the birthday of our illustrious master, Samuel Hahnemann. We therefore, enjoy this day, the 10th of April.

*Obituary.*—Death has been very heavy on us during this period. During the short space of a year and a half we have lost two eminent members of our profession. Babu Rajendra Datta, who in fact introduced homœopathy into this country, died last year. It was through his exertions that the earlier homœopathic physicians were induced to take to the new methods of cure. It was he who supported the lamented Dr. Berigney in his effort to establish homœopathy at Calcutta, and it was by his unflinching advocacy that Dr. C. Fabre Tonnerre was able to establish a homœopathic hospital in the northern part of Calcutta. Many patients deplore his loss. So late as the 27th of March, 1891, Dr. Behari Lal Bhaduri, aged fifty years and three months, one of the most esteemed practitioners among our body, and in high repute among all classes of his fellow-

citizens, breathed his last. He was one of the most talented of Hahnemann's followers in this country, and enjoyed an unprecedented success in his profession. In fact it is through his exertions and mastery over our materia medica that homœopathy has gained its ascendancy in this country. He was the organizer of the Hahnemann Society of which he was an able secretary for the last ten years. He started the *Indian Homœopathic Review*. Besides his busy practice, he found time to write books in Bengali on homœopathic practice and materia medica. He had a very kind and generous heart. By his untimely death he has left a gap which requires years to fill up. Homœopathic practitioners of Calcutta held a memorial meeting the other day to perpetuate his memory. He had a large circle of friends and admirers to mourn his death.

Another practitioner, Babu Basanta Kumar Datta, died this year. He was an early disciple of homœopathy. He wrote some popular homœopathic books in Bengali. We deeply regret his loss.

#### CALCUTTA HOMŒOPATHIC CHARITABLE DISPENSARY.

*Managing Committee.*—K. C. Banerjee, Esq., M.A.B.L., *President*. The Honorable Dr. G. D. Banerjee and Dr. D. N. Banerjee, *Founder and Physician*. Dr. S. Dey, W. N. Sen., Esq., and H. N. Dutt, M.A., *Honorary Secretary*.

1. In the year 1884 this Charitable Dispensary was established at 43 Chorebagan by Dr. D. N. Banerjee, a resident of Calcutta, for amelioration of human suffering by granting free homœopathic medical aid, diet and pecuniary help to the helpless poor. It was contemplated to establish also a hospital and library in connection with the Charitable Dispensary.

2. The next year a managing committee was formed, with power to add to their number if necessary, who framed rules (annexed) for the management of this Charitable Dispensary.

3. It is now the only Charitable Dispensary in that city which is maintained by private support.

The institution has acquired much popularity and reputation for usefulness, and has been able to secure invaluable help from some most liberal, kind-hearted and renowned physicians, especially of Germany and America. Among them I feel great pleasure in mentioning the names of Drs. Willmar Schwabe and Julius Jolly, of



Germany, Alex. Villiers of Dresden, Alex. Santer of Geneva, J. P. Sutherland of Boston, Messrs. Burgoyne Burbridge's and Mellen's Food Companies of London, Drs. Burnhart and S. Dey of India. Many noble-hearted men and women are also helping the humble work of this infant institution. Here I feel great pleasure in mentioning especially the name of Dr. Willmar Schwabe, of Germany, whose gifts of medicine, etc., gave material help to the Charitable Dispensary. Dr. Schwabe by renewing his welcome charity, showed great sympathy and good will for the humble project of Dr. Banerjee. His name is ever remembered by this institution with feelings of sincere gratitude.

4. We began our work with nine members only, but up to the 30th of June, 1890, some hundred members have been registered as benefactors of this Charitable Dispensary, which list will, I hope, go on increasing every year. The total number of consultations up to that time is 32,333, the majority of the patients being Hindus and next to them Mohammedans, but the number of Christians is very few. The total number of consultations in the first year was 1098 and in the last year was 7012. The average percentage of cures is more than 66½, but it should be stated here for general information, that almost all the patients who have recourse to this Charitable Dispensary are men disappointed with all the modes of painful and agonizing treatment prevalent in the country, and the little phials of colorless liquid and tasteless powders in this Charitable Dispensary are their last resort.

For our receipts and disbursements I beg to state that after defraying all the expenses there remains a small balance in the Post Office Savings Bank, but our income is very slender. I therefore beg my American and European colleagues, as well as the lovers of this healing art, to help in the good work that this institution is doing, and in the projects of Dr. Banerjee for a hospital and library as well as charitable dispensaries in poor villages where charity dispensed is charity indeed.

5. It is much to be regretted that Dr. Banerjee could not secure any kind of help from their rulers (the English Government) for the propagation or for the improvement of our art of healing (homœopathy) as will appear from what follows.

6. This institution has also undertaken the proving of Indian drugs upon homœopathic principles, one of which is *Ficus Indica*.

This remedy had been successfully proved by nine provers, and the results were given in chart form together with the reports of last year and the year preceding and also in the *New England Medical Gazette*, vols. xxiii., No. 11, and xxiv., No. 12. This remedy was then tried in this Charitable Dispensary and in the private practices of Drs. Banerjee and S. Dey, and has obtained decided results in urinary diseases with cerebral and cutaneous symptoms, etc.

7. In the year 1886 Dr. Banerjee applied to the Lieutenant-Governor of Bengal praying for his support to the Charitable Dispensary, but received the following reply from His Honor's private secretary :

"In reply to your letter of yesterday (*i.e.*, 17th March, 1886), I am desired by the Lieutenant-Governor to say that he has very little faith in homœopathy and can therefore scarcely accept the office of Patron of your society which you have been good enough to offer to him on behalf of the President and Managing Committee. The Government does not supply medical journals to any institution."

Again in January, 1889, an application was submitted to His Excellency Lord Lansdowne, the Viceroy and Governor-General of India, praying for his support, but in reply His Excellency signified that he views with favor the voluntary creation of such institutions, but, as a rule, His Excellency does not feel called upon to give monetary support to local charities.

Again on the 16th of July, 1889, Dr. Banerjee applied to the Financial Secretary of the local government for exemption of duty on articles imported for this Charitable Dispensary as well as the gifts of foreign members, but the Secretary to that Government in the last paragraph of his letter No. C., 1, E-2, 4, dated 16th July, 1889, replied that the Government of India alone is empowered to pass a general order exempting drugs mixed with spirits from duty, but the Lieutenant-Governor regrets, in view of the established policy of Government on this subject, he would be unable to recommend this proposal to the consideration of the Government of India.

8. I gladly take this opportunity of mentioning here that Dr. Banerjee very fortunately secured some contributions from Messrs. Burgoyne Burbridges, the well-known druggists and Her Majesty's contractors, and from Mellin's Food Companies, of India and London, who have shown great kindness towards the institution by supplying annually a very good quantity of the very best preparation of their food for the use of our poorer patients.

9. It is necessary to mention here for the information of delegates present at this Congress that people from remote parts and mostly disappointed with other forms of treatment generally resort to this Charitable Dispensary, and have by words and conduct expressed their entire satisfaction with the sound results of the treatment they received, and have blessed our infant institution.

10. Since last year Dr. Banerjee has tried his best to establish a library in connection with this Charitable Dispensary, but within this very short time few English and American books, journals, reports, newspapers, etc., have been secured. I may mention here that Dr. S. Dey, our former physician and honorary secretary, offered some books each year for the library, and beg that the authors and publishers in my country and elsewhere will follow the noble example of Dr. S. Dey.

#### PROPAGATION OF HOMŒOPATHY IN A VILLAGE IN BENGAL.

When Dr. Banerjee established a clinic some eighteen miles distant from the metropolis of Calcutta he suffered great loss and hardship. After issuing a circular for general information he was encouraged by some respectable villagers, but some of the lower class of inhabitants tried their best to dishearten him in various ways through the instrumentality of several laymen of the old school.

One day a railway station-master introduced him to a menial servant of the company, who was suffering at that time from malarious fever, but after he had treated him four days with medicine and diet gratis, the patient told him, "Sir, this medicine will not cure me as it has no taste or smell; a medicine like water will do me no good." By kind words Dr. Banerjee prevailed upon him to make trial of his medicine for a day or two more. Next day when he called at his place he fell at his feet with clasped hands, stating that he did not know that it was such a good remedy. "I have never taken a medicine like this in my life." In two or three days more the poor man was perfectly cured.

People now came in large numbers and said that their lives would be safe from the hands of the allopaths. Homœopathy would do very well if the patients took medicines regularly; and so he has now been called to serious cases, such as remittent and malarious fevers with bronchitis or pneumonia or with hepatites, etc., and cured most of them without much ado. Now the villagers said to

Dr. Banerjee, "May God bless you, Doctor, with long life. You came here to save us from the hands of the laymen of the old school."

Now, my colleagues at this International Homœopathic Congress, let me request you all to help Dr. Banerjee in propagating homœopathy in the poor villages, and I assure you that at the next meeting of the Congress I shall be in a position to give you all a very cheerful account of the progress and advancement of homœopathy. Poor villagers cannot afford to pay him fees or the price of medicine, and Dr. Banerjee, therefore, opened a (public) Charitable Dispensary, and one of the respectable villagers has offered him some acres of rent-free land for a bungalow for the Charitable Dispensary. The work of the dispensary was commenced from 13th of April, 1891, the most auspicious day of the Hindu religion.

### *HOMŒOPATHY IN GERMANY.*

BY DR. A. LOBBACHER, M.D., LEIPZIG, GERMANY.

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ANSWERING your request, I will try to give you in the following a picture of the condition of homœopathy in Germany for the last five years, without any coloring or ornamentation.

The period past has not brought about any essential change in the outside position of homœopathy in Germany. We are always fighting. It even appears as though the old school, the more it feels the ground tottering under its feet, the more the whole course of the mild medicine takes its direction toward natural laws, the more the public get tired of giving themselves up for trials and experiments for newly discovered preparations, often with ruin to their health, and prefer to patronize Nature's medical men, the old school uses once more all her powerful means to prop up her waning authority and to suppress and root out all possible heresies. That homœopathy is included in these, is self-evident. Therefore this period has not been without the regular abuse, insult and slander, and stirring up of the old strife. To bring up anything new against our school, they are not able. Neither did they effect any advantage; for, although we are aware that homœopathy in Germany has not at this time as many adherents and courageous advocates in the higher circles of society as it used to have, it has made up for that among the middle classes, and in this way has a foundation which cannot be shaken. The whole of Germany is dotted over with a net-work of homœopathic societies, which work for the spread of Hahnemann's doctrines. There is therefore no danger that they will go under in their mother country. It is not on its death-bed yet, as some would make believe, and in the last few years a considerable number of young physicians have joined its ranks.

Mention is here made that we are excluded from all offices or employments in the army and in the hospitals, where these are controlled by the State. To explain ourselves in the allopathic press, is refused us. They refuse also to consult with us, but we are

used to this, and the struggle in that direction does not promise any success just now. There is an agitation against dispensing by homœopathic physicians where such practice yet exists, but it has not had any success so far. Our born enemies, the apothecaries, continue to aggravate the practice of the homœopathic method of healing, so that in the kingdoms of Saxony and Bavaria the existence of homœopathic physicians is possible only in places where there are homœopathic drug-stores. This is the main reason of the scant increase of the number of homœopathic physicians in these two countries. Whether the new legal regulation of the druggists' business in this respect will bring us an advantage, is doubtful. Still we give the Prussian Minister of the Interior due credit for having by circular order to the district physicians requested them to see to it that where there are allopathic drug-stores, that keep at the same time homœopathic medicines, the latter shall be kept and prepared according to the regulation in force (strength).

In the kingdom of Wurtemberg, Chief Medical Counselor Sick succeeded in effecting a legal regulation of the homœopathic drug business. Indeed, in this state there is active life among the beginners of homœopathy. Above all the large society of "Hahnemannia," which enjoys the protection of Queen Olga, and counts among its members persons of high standing and of the best families, tries by all means to keep up the interest for Hahnemann's principles. They petition the legislators to recognize them publicly and to turn over some of the stipends for medical students to such as intend to study homœopathy. This endeavor has produced good results.

The attempt was made to establish a league all over the country, and by so doing to give it a uniform character. It failed mainly by reason of the German provincial jealousies, and other internal conditions. Having given so much space to the report of the lay leagues, we should say, they are here, as well as in other countries, an outgrowth of our singular and particular conditions and institutions, which the German homœopathy has to take into account. We recognize that they have great drawbacks. They have brought about and fostered the setting up of amateur doctors, who not only do not sustain the reputation of regular homœopathy in the circles of the learned and well-to-do, but have rather lowered the estimation put upon Hahnemann's doctrines.

Beside the existing medical Homœopathic Central League, there are the following local leagues or societies :

The Sachse-Anhalt Homœopathic Society.

The Schwalisch-Westphalia Society.

The Schlesische Society.

The Causitzer Society.

The Society of Berlin's Homœopathic Doctors.

The Society of Leipzig's Homœopathic Doctors.

The Society of Breslau's Homœopathic Doctors.

The Society of Wurtemberg's Homœopathic Doctors.

The country league, or general assembly, holds its sessions each year in a city that has been designed for this purpose the session before. The first day's session is spent in routine business, the second on hearing and discussing a lecture on some scientific subject. The subject to be treated next is designated and agreed on in the session the year preceding. A president and referent is elected at the same time. He has the rights and jurisdiction of the order and is the official representative of homœopathy towards the authorities. He keeps out of his own means the Homœopathic Policlinic in Leipzig. The number of members has increased some in the last two years. All the same a considerable number of homœopathic physicians keep aloof from him, and therefore we cannot do as much good as we otherwise might for lack of funds. He has a small fund, collected by volunteer contributions, which has helped along several young men in their studies for homœopathy.

A comparatively small number of physicians, which by their practice are prevented from taking part in the yearly conventions, keep up this fund, and if its benefits do not shine out so big as others of like character, still it does great good, in that it represents the interest of the society in and outside the country, and especially by the acquisition of a person with legal rights it is possible to accept bequests and so to acquire property. Without this it would not have been possible to erect a hospital. The arrangements have been made that on the second day of each annual convention, under a president elected for the purpose, the scientific investigation finds place, which is to be considered a great forward step.

The larger provincial societies hold their conventions twice a year for the purpose of exchanging practical experience and taking care of good fellowship among the members; the local societies hold meetings every month and even weekly.

The Rhenish-Westphalia Society, we regret to say, has not in the last few years given any signs of life. If in these meetings, which generally last only a few hours, no great lectures or long scientific debates find place, all the same the practical communications always contain something new and interesting, and they renew and strengthen in the individual member the feeling, otherwise so easily lost, of belonging to a greater community of influential physicians, which in consideration of the circumstances in Germany is of importance.

Concerning hospitals, the most important event is the opening of the homœopathic asylum in Leipzig on July 1, 1888. It is the first hospital in the country that does not depend for its support either on the state or on private persons, but was built out of a bequest of a magnanimous citizen of Leipzig who died in England, out of bequests from homœopathic doctors, and out of a capital donated by volunteer contributions. It can accommodate 60 patients, but is just now finished only for 30 and has five free places for poor sick people. Dr. Skift is the directing physician. The young institution had to battle against many difficulties, which were due partially to local and partly to general conditions. This is the reason why its development progressed so slowly.

Of other homœopathic hospitals in Germany there are to be mentioned:

1. The small hospital in München under the direction of Drs. Köck and Anaglio which had in 1889, thirty-five sick persons in 1759 days of treatment.
2. The Evangelic Deacons' Building in Stuttgart, under direction of chief medical counselor, Dr. Sick.
3. The private homœopathic hospital at Coethen, built by Mr. Arthur Lutz, deceased, and now under the direction of his son Paul.

There is a project on foot to build a homœopathic hospital in Berlin, by a society of homœopathic physicians in that city. It is to be regretted that a certain large legacy for this purpose is so hampered by restricting clauses, that it will take several years yet before it can be employed as desired, and therefore in the next place an effort is being made to raise the necessary capital by contributions. So it will take a considerable time yet before a start on the building can be made. Beside this, the Schleswig-Holstein Provincial Society intend to erect a homœopathic hospital in that section.



Policlinics existing in Germany: The Policlinic in Leipzig, which is kept up by the district homœopathic society and subsidized by the State. It has stood more than fifty years, and in it, thousands of sick people have found advice and help. It works under direction of two physicians, appointed by the society. It has a small capital of its own out of legacies.

The Policlinic in Berlin, founded and kept by the homœopathic society in that city. In the consultations the members of the society take part in such a manner that always two are present on two lectures at regular hours. It is largely attended.

Of private Policlinics, the most important is the one connected with Schwabe's Central Pharmacy in Leipzig. It is also under the direction of two physicians and enjoys a large patronage.

#### LITERATURE.

In the last five years there has been a scarcity of the larger independent scientific works, with the exception of the *Illustration of Homœopathic Medicinal Plants*, by Dr. Alexander Villers; *Experiences of an Old Physician*, by Dr. Gross, 1887; *Results of a Practice of Sixty Years*, *Compendium of Homœopathy*, Dr. William Schwabe, publisher. The fourth edition of this appeared in 1887, and now the fifth is out.

However, the pamphlets are so much more numerous, and in this line there is the noted Professor Gustav Jæger, who two years ago openly and completely associated with us, and endeavors with all his zeal to give Hahnemann's doctrines their right place and to carry out the proof of their scientific rights.

By him in the last five years have appeared:

1. "Equal and Honest; Call in Distress of an Ill-treated Natural Law," 1891.
2. "Homœopathy; Opinion of a Physiologue and Naturalist," 1888.
3. "Force, Matter, and Space," 1887.
4. "Poisons and Andidotes," 1889.
5. "The Homœopathic Practice in the Light of Common Sense."

There is here to mention the pamphlet of Professor Dr. Hugo Schmidt, in Greiswald, entitled "Aims and Ends" of the modern therapie, in which he reaches the results of Hahnemann's principles without using the name of homœopathy.

Of translations there have appeared *Farrington's Clinic Method of Remedies*, translated by Dr. Herrman Fisher, 1889-1891; Constantin Wright's *Short Treatise on Medicine*, translated by S. Gisevius. Up to this time one volume has appeared; *Compendium of the Homœopathic Therapy*, enlarged after a text of Dr. Johnson by Dr. Motz, 1886. What else of homœopathic books which have come out are of a popular kind, either new, or editions of older works.

#### PERIODICALS.

*General Homœopathic News*, volume 122, edited since the beginning of 1890, by Dr. Alexander Villers, of Dresden.

*Periodical of the Society of Homœopathic Physicians of Berlin*, edited by Drs. Windelband and Sulzer.

*Popular Periodical of Leipzig for Homœopathy*, edited and published by Dr. Willmar Schwabe, established 1878, circulation 10,800.

*Homœopathic Monthly*, "Communications and Experiences in the Field of Homœopathy and Natural Treatment," edited by H. Fœp-prity, in Stuttgart.

*Guide to Health*, established 1886, edited by E. E. Schlegel.

Mention is here to be made that the late Dr. Porges in Prag, of the State Board of Health, and while living resident physician at the baths of Carlsbad, has willed a capital of 30,000 florins to aid medical students, who intend to apply themselves to homœopathy.

The number of homœopathic doctors in Germany might foot up to about six hundred. In the last five years about fifty passed the Prussian examination for dispensing.

#### MEDICAL PUBLICATIONS.

Germany. From 1885 to 1891 there have been issued by Willmar Schwabe a series called Hausbibliothek, Homöopathische, of which twenty-nine numbers have appeared, namely:

1. Billig, Dr. H., Die häutige Bräune oder der Croup der Kinder. 3. Aufl.
2. Goullon, Dr. H., Die Krankheiten des ersten Lebensjahre und ihre homöopathische Behandlung. 2. Aufl.
3. Bruckner, Dr. Th., Anleitung zum richtigen Gebrauch der wichtigsten homöopathischen Arzneinuttel. 5. Aufl.

4. Taschenwörterbuch, Kleines medizinisches. Erklärung von über 2000, in medizinischen Werken am häufigsten vorkommenden Fremdwörtern. 2. Aufl.

5. Cholera, Die, ihre schnelle und sichere Heilung. 7. Aufl.

6. Robert, Dr. Th., Die Functionsheilmittel Dr. Schussler's oder: Kleiner homöopathischer Hausarzt zur biochemischen Behandlung der Krankheiten.

7. Bruckner, Dr. Th., Anwendung der Vorbeugungsmittel in der Homöopathie.

8. Eichler, G., Ein ausgezeichnetes Mittel gegen Diphtheritis. 2. Aufl.

9. Anwendung der in der Homöopathie gebräuchlichen äusserlichen Heilmittel, namentlich der Arnica, Calendula, Hamamelis, Ruta etc. Fünfte Auflage.

10. Schröter, Fr., Der homöopathische Federvieharzt.

11. Le Choléra et sa guérison rapide et sure par l'homéopathie.

12. L'application des médicaments externes usités en homéopathie, notamment de l'Arnica, la Calendula etc.

13. La Guérison des maux de dents par les médicaments homéopathiques.

14. La Diphthérie. Instruction pour le traitement préservatif et curatif.

15. L'angine membraneuse ou le croup des enfants.

16. Cholera.—Its prompt and efficacious treatment by homœopathy.

17. The external application of homœopathic remedies, as Arnica, Calendula, Hamamelis, Ruta, etc.

18. Toothache and its cure.

19. Diphtheria.—Instructions for the prevention and cure.

20. Croup.—A description of croup in children, with instructions for its treatment.

21. El Cólera.

22. Modo de emplear los medicamentos externos usados en homopatía, especialmente Arnica, Calendula, Hamamelis, Ruta etc.

23. De la curacion de los dolores de muelas con los medicamentos homeopáticos.

24. La Difteria.—Instruccion para el tratamiento preservativo y curativo.

25. El Croup.—Instruccion para conocerlo y tratarlo desde su paricion, segun los principios de la homeopatia.

26. De Cholera en hare snelle en zekere genezing door de Homœopathie.

27. De Aanwending van de voornaamste geneesmiddelen voor uitwendig gebruik in de Homœopathie.

28. Zahnschmerzen, Die Heilung der, durch homöopathische Arzneien, als Prüfstein der Wahrheit der Homöopathie. Zur Nachprüfung Jedermann empfohlen. Dritte Aufl.

29. Diphtheritis, Die.—Eine Anleitung zur Verhütung und Behandlung der katarrhalischen Rachenentzündungen, sowie der brandigen Rachenbräune oder Diphtheritis nach hygienischen und homöopathischen Grundsätzen. Dritte Aufl.

Also the following :

Anwendung der in der Homöopathie gebräuchlichen Ausserlichen Heilmittel, namentlich der Arnica, Calendula, Hamamelis, Ruta, etc., nebst einer Auleitung zur Behandlung der Verwundungen, Verletzungen, Verstauchungen, Verrenkungen, Verbemungen und Erfrierungen. Für Richtärzte bearbeitet. Vierte vermehrte. Auflage, 1885., 16. (vi. 80 S )

Brückner, Dr., Th., Repertorium der Krankheitsursachen und der hauptoächlichsten momente der Verschlimmerung und Besserung der Beschwerden. 1885 (72 S.), 8.

Anweisung zur homöopathischen Heilung des Rheumatismus. 1886. (8 S.) 8.

Fellenberg-Zeigler, A. von, Kleine homöopathische Arzneimittel lehre oder kurzgefasete Beschreibung der gebräuchlichsten homöopathisehn Arzneimittel zum Gebrauch für Nichtärzte. Hilfsbuch zu den homöopathischen Hand und Lehrbüchern zur Behandlung der Krankheiten der Menschen und Thiere. Fünfte vermehrte Auflage. 1886. (xxv. 294.) 8.

Schröter, Fr., Der homöopathische Federvieharzt, oder: Leicht verständliche Anweisung, wie jeder Landwirth und Züchter sein erkranktes Federvieh, als: Tauben, Hühner, Truthühner, Gänse, und Enten auf die eisachste, schnellste sicherste und wohlfeilste Art auf homöopathischen Wege selbst heilen kann, und aus welcher sonst noch vieles Wissenswerthe in Bezug auf die Naturgeschichte, Zucht und Pflege dieser Thiere zu erfahren ist. 1886. (viii. 80 S.) 16.

Achillesferse, die, der Schulmedizin. Ein Mahn und Bittwort an Regierende und Regierte, an Aerzte und Laien. (Separat-Abdruck aus der Leipziger Populären Zeitschrift für Homöopathie.) 1887. (16 S.) 4.

Diphtheritis, Die. Eine Anleitung zur Verhütung und Behandlung der katarrhalischen Rachenentzündungen, sowie der brandigen Rachenbräune oder Diphtheritis, nach hygienischen und homöopathischen Grundsätzen. 2. Aufl. 1888. (20 S.) 8.

Fischer, H., Thierarzt, Der Hund. Seine Behandlung und Pflege, sowie die bei demselben vorkommenden Krankheiten und deren Heilung durch homöopathische Mittel. 1888. (53 S.) gr. 8.

Hendrichs, Dr. H., Die Zahnschmerzen und deren homöopathische Heilung. 1883. (13 S.) 8. Zweite verbesserte Auflage.

Fischer, H., Thierarzt, Zeitschrift für homöopathische Thierheilkunde. Organ für Thierärzte, Landwirthe, Viehbesitzer und Freunde der Homöopathie. 3. Jahrgang. 1888. 4. Erscheint am 1. jedes Monats. Jährlich 12 Nummern à 1 Bogen.

Schwabe, Dr. Willmar, Grosser illustrirter Hausthierarzt. Die Verhütung und homöopathische Behandlung der Krankheiten der Pferde, Rinder, Schafe, Schweine, Hunde und des Geflügels. Nach der sechsten Auflage des Dr. Schwabe'schen illustrirten Hausthierarztes vollständig neu bearbeitet und vermehrt von Hugo Fischer, homöopathischen Thierarzt in Berlin, mit 76 Abbildungen, 1888 (viii. 538 S.)

Gerhardt, Dr. A. von Handbuch der Homöopathie. Mit Benützung fremder und eigener Erfahrungen nach dem neuesten Standpunkte der Wissenschaft. Fünfte vollständig umgearbeitete Auflage. 1889 (x. 822 S.) 8.

Vogel, Dr. C. Homöopathischer Hausarzt. Ein leichtfablicher und praktischer Rathgeber für Alle, welche die am häufigsten vorkommenden Krankheiten sicher, schnell und auf angenehme Weise selbst heilen wolten. Nach dem Tode des Verfassers neu bearbeitet von Dr. H. Billig. 20. Aufl. 1889 (xiv. 471 S.) 8.

Hausarzt, Kleiner Homöopathischer, für den Familiengebrauch, nebst einer Charakteristik der wichtigsten homöopathischen Arzneimittel und genauer Angabe der Gabengröße für jeden Einzelfall. Nach den besten englischen und deutschen Berlin bearbeitet von einem praktischen Arzte. 1890 (222 S.) 8.

Schwabe, Dr. Willmar, Homöopathisches Vademecum. Berichtigung der über die homöopathische Heilmethode bestehenden irrigen Anschauungen und Beurtheile nebst Rückblicken auf die Geschichte und Statistik der Homöopathie. Mit Anhang: Kleiner homöopathischer Hausarzt nebst Charakteristik von vierzig wichtigen

homöopathischen Arzneimitteln und genauer Angabe der Gaben-  
größe für jeden Cinzelfall. Mit dem Bortrait Dr. Samuel Hahne-  
mann's. 1890 (iv. 222 S.) 8.

Bruckner, Dr. Th. Homöopathischer Hausarzt. Anleitung zur  
Gelbstbehandlung nach den Grundsätzen der Lehren Hahnemann's  
mit besonderer Berücksichtigung der neuesten homöopathischen  
literatur Nordamerikas. Siebente vermehrte und wesentlich verb.  
Aufl. 1891. (vii. 346 S.) 8.

Lehrbuch der Homöopathischen Therapie. Nach dem gegenwärtigen  
Standpunkte der Medicin, unter Benubung der neueren homö-  
opathischen Literatur des In- und Auslandes, nebst einem Abrisz  
der Anatomie und Physiologie des Menschen und einer Anleitung  
zur klinischen Krankenuntersuchung und Diagnostik, sowie zur  
Krankenpflege und Diätetik, bearbeitet für angehende Aerzte und  
gebildete Richtärzte. Funfte vermehrte und verbesserte Auflage.  
Mit 250 anatomischen und pathologischen Abbildungen. 2 Bände.  
1891. (xv. xii. 1556 S.)

Schwabe, Dr. Willmar, Kleiner illustrirter Hausthierarzt. Die  
innerlichen und äußerlichen Krankheiten der Pferde, Rinder, Schafe,  
Biegen, Schweine, Hunde, Raben und des Federviehes, die Ber-  
hütung und Behandlung derselben nach den Grundfäden der homö-  
opathischen Heilmethode bearbeitet von anerkanut tüchtigen homö-  
opathischen Thierärzten im Berein mit ersahrenen Landwirthen.  
Mit 50 Abbildungen. 1891. (iv. 491 S.) 8.

Of works by the same publisher in other languages we have :

Schwabe Dr. Willmar, De kleine homöopathische Huislookter,  
bevattende eene beschrijving der voornaamste geneesmiddelen en  
eene alphabetisch gerangschikte, korté aanduiding van de voornaam-  
ste ziekten en de geneesmiddelen om die te bestrijden met nauw-  
keurige aanwijzing van de dosis voor elk geval. Uit het Duitsch  
vertaald door H. Merckens. 1887. (145 S.) 8.

Schwabe, Dr. Willmar, Le petit médecin homéopathe domes-  
tique, pour l'usage des familles avec une caractéristique des medica-  
ments homéopathiques les plus employés et avec l'indication exacte  
de la dose pour chaque cas particulier. Traduit de la dernière edi-  
tion allemande. 1887. (127 S.) 8.

Tratado de Terapéutica Homeopática, escrito bajo el punto de vista  
actual de la medicina y utilizando los últimos adelantos de la litera-  
tura homeopática, con un resumen de anatomia y fisiologia humanas

reglas para la inspeccion clinica, diagnóstico, tratamiento y dietética. Y con 200 grabados anatómicos y patológicos intercalados en el testo para uso de los médicos y personas instruidas. Traducido al español, corregido y aumentado de la tercera y última edicion alemana, por el Dr. Paz Alvarez de Madrid. 2 bände. 1886. (xvi. xii. 1283 S.) gr. 8.

Täschner and Co. have published :

Homöopathisches Alberler. Eine Festgabe zum 100 jährigen Jubiläum der Homöopathie sin Jahre, 1890. Zur Belehrung über die Homöopathie in Volksreihen und zu Vorträgen in Vereinen.

Bäschlin's Buchhandlung, Glanes :

Heilkunde, Ergebnisse eisser Cojährigen Erfahrung von Dr. Mad. Samuel Zopfy.

Gustav Engel, Leipzig :

Dr. J. Braun, Die Krankbreiten und Schwächzerstände des männlichen u. weiblichen Geschlechtssystems, deren Verhütung und Heilung auf allopathischen und homöopathischen Wege, kurzer Beschreibung der gesunden Verrichtungen des menschlichen Körpers. Zwölfte, zeetgererass mugearbeitete und wesentlich vereicherta Auflage von Dr. H. Goullon.

Dr. C. Caspari's Homöopathische Haus und Reissarzt. Mit besonderer Berücksichtigung der Frauen und Kinderkrankheiten, sowie der Unfälle, welche sofortige Hülfe erfordern.

Hering's Condensed Materia Medica (Farrington) is being translated by Dr. Gissevins, of Berlin. One-half of the work has appeared.

Farrington's Clinical Materia Medica. Translated by Dr. H. A. Fischer, of Charlottenburg. W. Schwabe, publisher. To appear in four issues—three now completed.

England :

Popular Guide to Homœopathy. John Drummond. Eighth Edition. Revised, Enlarged, and Improved. London: Leath and Ross. 1890.

*HOMŒOPATHY IN GERMANY.*

BY DR. TH. KAFKA, OF CARLSBAD, GERMANY.

HOMŒOPATHY has sustained severe losses since the last International Congress. The celebrated Dr. Rapp, of Stuttgart, died in 1887, who was up to the time of his death, physician in ordinary to the Queen of Wirtemberg, and late professor of medicine at Tübingen. His successor at Stuttgart is Dr. Stiegele.

At the meeting of the Homœopathic Centralverein, on August 9 and 10, 1887, the ceremony of laying the last stone of the building for the new homœopathic hospital was celebrated.

On March 11, 1888, Dr. Cohn, a busy practitioner, died at Stettin. He was for fifteen years physician to the Monastery Salem, at Torney, near Stettin, where he treated sisters and pupils without fee, and had a remarkable success during the epidemic of diphtheria, in 1878, not one of his little patients dying, so that he was appointed Sanitätsrath by the Emperor Wilhelm I.

On the 9th of October of the same year Dr. Gauwersky died at Soest (Westphalia), who was like his father, a very busy physician.

On the 1st of July, 1888, the new homœopathic hospital at Leipzig was opened. This hospital has accommodations for two hundred patients. Dr. Heinigke was appointed physician-in-chief, but unfortunately died in March, 1889, when Dr. Stifft was appointed his successor. Dr. Heinigke was a man of superior attainments in medicine and homœopathy. He was formerly one of the editors of the *Internationale Homœopathische Presse*, and the author of several medical works, among them the *Pharmacodynamics of the most used Homœopathic Remedies*.

Dr. Lorbacher having resigned in 1889, the editorship of the *Allgemeine Homœopathische Zeitung*, Dr. Alex. Villers became his successor, but he still continues to be the chief physician of the Homœopathic Poliklinik (Dispensary), at Leipzig.



There are many new physicians at Berlin, Leipsig, Breslau and other cities.

One of the few remaining physicians who knew our master, Hahnemann, died at Leipsig, towards the close of February, 1891, namely, Dr. Traugott Kirsten, who was the oldest homœopathic physician in Germany, being eighty-five years old.

The hospital at Berlin has not yet been erected.

Besides the Centralverein we have the Society of Saxe-Anhalt, which meets in May and October; the Free Society of Leipsig; the Society of Homœopathic Physicians of Wirtemberg, at Stuttgart; the Society of Silesian Homœopathic Physicians, at Breslau, and the Society of Lusatia (?), which meets in another town; besides many societies of laymen.

At Wirtemberg, since 1888, the government requires that every student of medicine shall have a sufficient knowledge of homœopathy to be examined in it.

#### AUSTRO-HUNGARY.

In Austro-Hungary no changes have occurred since 1886. The right to dispense their own medicine has been again granted to the homœopaths, by the law of May 27, 1887, of the Austrian ministry, in spite of the machinations of the allopathic physicians. This law has existed in Austria since 1839. Old and celebrated men like Dr. Hirsch, of Prague, and Dr. Gerstel, of Vienna, have died, the former in 1887, and the latter in 1890. Dr. Porges, formerly of Carlsbad, died at Prague on October 22, 1888. Dr. Hirsch had considerable experience as an orthopædist, and wrote a very good work on the subject, entitled *Wie wird man schief, we wird man gerade?* and another able work, *Der homœopathische arzt in der Kinderstube*, also a short description of a new form of truss without balls. He began practicing medicine as physician to the Duke of Beaufort, at Petschau, and later was a very busy physician at Prague. He wrote numerous articles for the homœopathic journals.

Dr. Porges was appointed physician of the government during the epidemics of cholera in 1835 and 1836. Later he went to Russia (Odessa), but practiced since 1846 at Carlsbad, until 1870, when he retired from practice. He wrote the well-known work on the *Specific Effect and Physiological Analysis of the Carlsbad Waters*, besides several pamphlets, the former work having been translated

into French and English. He bequeathed a large sum of money to the homœopathic societies at Vienna, Leipsig and Berlin, and 30,000 florins as a fund for stipendiums for young physicians, at Prague, Vienna and Leipsig, who wish to study homœopathy.

Dr. Gerstel was one of the best known physicians of Vienna, and one of the first homœopaths to fight successfully against the cholera, when it occurred in the thirties, so that many foreign physicians, among them Dr. Quin, London, came to Moravia, to learn his treatment. He studied thoroughly many of the homœopathic remedies, and was for many years chairman of the Society of Homœopathic Physicians of Austria.

In Hungary no changes have occurred since 1886. Prof. Bakody, of Budapest, had the misfortune to lose his only son, in 1887. He was physician-in-chief to the Homœopathic Hospital Bethesda, at Budapest, and a skilful surgeon.

Dr. Mandello, of Budapest, one of the oldest homœopathic physicians of the city died in December, 1890.

Dr. Roland Hausmann, of Budapest, has retired from practice, and Dr. Lulowski is physician to the hospital Elisabethinum. The homœopathic wards of hospital St. Roch have been transferred to the new hospital Üllöerstreet, under the care of Prof. Bakody.

*HOMŒOPATHY IN AUSTRIA.*

BY FR. KLAUBER, M.D., VIENNA, AUSTRIA.

## HONORED COLLEAGUES:

Suffering yet constantly with an ailment of my eyes that makes every effort in literary work on my part impossible, I am sorry to say, I am not in position to give an exhaustive report on the condition of homœopathy. To give evidence of my good-will, however, and lest the Congress takes up its regular order of business without hearing from Vienna, I beg leave to send you the following short sketch, which I hope you will receive in ample time. I speak here only of Austria, with the exclusion of Hungary, as there is in Hungary a school for homœopathy, over which Professor Bakody presides with much success.

We in Austria are thrown completely on our own resources, and all the legacies (bequests) of deceased homœopaths aiming at the establishment of a homœopathic chair (professorship), in the Vienna University have been disregarded, although some persons submitted to the Minister of the Interior a petition to that effect, signed very numerously by men of high social rank.

Officially an attempt was even made in 1886, on instigation indirectly, to suppress homœopathy altogether, by refusing the homœopaths the right of dispensing, which had been granted them since 1863. In a stormy session of the highest State Board of Health, which is composed mostly of professors of the Vienna University, delegates of the society of Homœopathic Physicians were constrained to defend the imperiled good (or property) and were exposed to the full hate of the allopathic corporation. In spite of this they succeeded in subduing the storm, and with certain restrictions saved the right of dispensation. The professors of the Vienna University persecute homœopathy with all possible means at their hands, but they don't extend this hate to the consultations, when they are called to them by the homœopaths. We are abused in colleges a good deal and all possible obstacles are thrown in our way. This is the reason why homœopathy in Austria in the last five years has been stationary. As we have no academy, in which it would be possible to paralyse the poison instilled into young students by allopathic professors,

the new medical man passes us without making a trial with homœopathy, nor has he a desire to do so.

We have neither a professional journal, which is much to be regretted, nor are the daily papers, which are very influential, on our side. Neither do we make much ado ourselves; on the contrary, there is not enough stir among us. We work ahead slow but sure. We have no part in the wellwish of the State power; our strength has its foundation in the people.

We have here in Austria no public, only private hospitals. There are nine of them; three in Vienna, two in Linz, three in Mahren and one in lower Austria. The sisters of mercy have in charge the three hospitals in Vienna, and they publish a report of them every year. I beg leave to send in the report of the last five years, from which the homœopathic congress is enabled to make out the number of cases treated. I take the liberty also to add the statutes of the Children's Hospital, founded by Mr. Tauber, military surgeon and family physician of Arch Duc Johann.

In Vienna, there are about 30 homœopaths, who form a society, which calls its members regularly once a month to a meeting, where scientific discussions take place. I also send a sample of the rules of this society. I believe there exists besides, a homœopathic society for Tyrol and Voralberg, but all my efforts to get information from them have been fruitless.

The late homœopathic physician, Dr. Schmid, in Vienna willed a capital for the purpose of paying out of the interest thereof, annually, fl. 600, to a student of medicine, in consideration of which he is under obligation, after examination, to practice homœopathy.

It is hard to estimate how many practicing physicians there are in Austria, as they are not compelled to join a society, and indeed, a good many stand outside of any union.

The clients (patients) of homœopathy are scattered among all classes, but it is mostly the nobility by birth as well as education, that owe allegiance to our method of healing, and I hope that it will be so in Austria for all future time, to the great vexation of our powerful opponents, who enjoy the guarantee of the state.

I hope homœopathy in your country may meet, if possible, a more prosperous future, than is the case in Europe.

*Live, flourish, grow*, is my wish for the homœopaths on the other side of the ocean, and for the International Homœopathic Congress in Atlantic City.

*HOMŒOPATHY IN SWITZERLAND.*

BY DR. THEOPHILUS BRUCKNER, OF BASLE, SWITZERLAND.

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YOU want me to give you an account of the progress of homœopathy since the last International Homœopathic Convention held at Bale, on August, 1886.

Unfortunately I can give you very little information, as I have not been able to attend our homœopathic meetings, being too deaf to understand what is said and to take part in the discussion, and as my friend Dr. Schædler, of Berne, died more than a year ago, I have no friend left to correspond with, and so I know nothing of what is going on amongst the friends of homœopathy in other parts of Switzerland. The news I can give you is rather of a negative character, for besides Dr. Schædler, who died of influenza in December 1889, I have to record also the death of Dr. Anken, of Berne, who died about one year after Dr. Schædler. These two gentlemen were present at the homœopathic convention in 1886. Dr. Pfander, of Thoune, has now removed to Berne and is filling the place of his two deceased colleagues in the federal city.

Unhappily these are not the only losses homœopathy has sustained in Switzerland. Since the last convention in 1886 two more veterans have died. About four years ago Dr. Federabend, of Luzerne, and about the middle of December 1890, Dr. Samuel Zopf, of Schvanden, died in his eighty-sixth year. Now I ought to give you also some names of converts to homœopathy, but I am sorry not to be able to do this, though I know that there are some, who now and then try homœopathic remedies, for I have myself lent the *Organon* of Hahnemann to an allopathic physician, who asked me for it and sold a *Domestic Physician* of C. Hering to the same.

In our place (Basle) homœopathy has decidedly lost ground with the people, because all the working people and those employed in the factories and on the railroads have their sick funds (*Krankencassen*), and when they get sick they are treated by the physician

appointed by the association, or they are sent to the hospitals. Besides this there is a large allopathic dispensary paid by the government, where the poor can get advice and medicines free, and there are also district physicians, who have to attend the sick people of their district gratis. Under these circumstances it is evident that only the better classes are left to the homœopathic physicians, but I am sorry to say, that the children of homœopathic families, when they grow up and get married, very often give up homœopathy because they have a near relation in the family, who is an allopathic physician, or because they have not the moral courage to stand to their conviction as homœopaths. It is a great pity that we have no such generous and stanch friends of homœopathy as you have in America. It is true freedom of conscience and freedom of science are vouchsafed to us on paper, but it is only the legitimate medicine of the State and the preachers of the religion of the State, who are supported by the government; dissenters in religion as well as in medicine have first to support the legitimate preachers and doctors by their taxes, and then, if they have any money left, they may employ a preacher or a doctor of their own, for a man who has no money has no right to be a dissenter.

In the country, I am told, homœopathy is gaining ground, for there are plenty of lay physicians in almost every county. In the Alpine regions a lay doctor, who understands something of veterinary practice has a great advantage over the physician who knows nothing of the diseases of animals.

As for homœopathic literature, nothing of the kind is published in Switzerland\* except a small bi-weekly paper, *Schweizer Volksarzt*, which has perhaps 800–1000 subscribers. I hope you will excuse the very meagre report I can give you about homœopathy in Switzerland.

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\* The only institution in Switzerland under homœopathic influence is the Heilanstalt Gächlingen, under the care of Dr. Fries. The diseases treated are those of the lungs, stomach, nerves, rheumatism, gout, and skin. 7975 in- and out-patients have been treated from 1874 to 1890, with only one death, that of a girl, twelve years of age, suffering with pulmonary and mesenteric tuberculosis. The good results attained at this "Curanstalt" attract patients from all parts, many applying by letter, from places where there are no homœopathic physicians.

Formerly the Catholic Hospital at Basle was under the care of Dr. Ségrest, but it is now in charge of old-school physicians.

## *THE HISTORY OF HOMŒOPATHY IN DENMARK.*

BY OSCAR HANSEN, M.D., COPENHAGEN, DENMARK.

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IN Germany, Hahnemann soon gathered around him a great number of pupils, but in Denmark the system of homœopathy was not generally known until the year 1821, when Hans Christian Lund, a medical practitioner fifty-six years old, adopted it.

However, according to the statements of my father, Hahnemann was consulted by Danes both before and after that time and was successful in his treatment of them.

Lund was a diligent man; he translated into Danish and published a great number of books, of which I may here mention:

1. Hahnemann, "The Essence of Homœopathy."
2. Hartlaub, "The Catechism of Homœopathy."
3. Bigel, "Evidence of the Truth of the Homœopathic Doctrines."
4. Caspari, "Homœopathic Family Doctor and Travelling Companion."
5. Hartlaub and Trinks, "Homœopathy contra Allopathy."
6. Hahnemann, "Æsculapius in the Balance."
7. Hahnemann, "The Effects of Coffee."
8. Schubert, "Cholera Morbus."
9. Hahnemann, "Letters about Cholera."
10. Hahnemann, "Allopathy, a Warning to Sufferers."
11. Hartlaub, "The Management of Children."
12. Admiral Mordwinof, "A Few Words on Homœopathy, and of the Effects of the Homœopathic Remedies."
13. Hamberger, "The Basis of a Theory of the Homœopathic System."
14. Sundheim, D. E. L., "On the Homœopathic System."
15. Raue, M.D., "On the History and the Significance of the Homœopathic System."

16. Hartlaub, "The Fundamental Theories of Homœopathy."

17. Bœnninghausen, "Homœopathy."

18. Kallenbach, "Homœopathy, What it was and What it is," etc.

For six months, January to July, 1833, Lund published a weekly paper, called *Homœopathy or Medical Art Reformed*, but had to give it up owing to want of time, and all sorts of vexations. He died in Copenhagen on the 17th of April, 1846, thirty-one years old.

In the year 1828, Judge G. L. Baden, D.C.L., wrote two pamphlets: 1. "An Invitation to the Physicians of Denmark to Impart to the Public their Opinion of Homœopathy, founded on Personal Experience;" and, 2. "Advantages and Disadvantages of Homœopathy."

In 1833, "Origin and Progress of the Homœopathic System," by Hahnemann, was translated by Jacobi.

In 1836, three homœopathic physicians besides H. C. Lund, were living in Copenhagen, viz.:

1. Holger Fangel, a talented man, who, having been entered at the University of Copenhagen in 1812, passed his examination with great credit in 1818. (H. C. Lund never studied at the University.) Having pursued his studies at the "Fredricks Hospital" for three years, Fangel was made an M.D. at the University of Thiel, in 1821, and was, in 1829, nominated town physician at Fredericia, where he remained until 1836.

In 1835, he published, *Experimental Homœopathic Treatment*, containing the description of 163 different cases which he had treated homœopathically during his stay in Fredericia, from 1833 to 1835.

A review of this book, published in the *Physician's Library*, by C. Otto, Prof. Med. of the University of Copenhagen, occasioned a very well written and witty answer from Fangel, in which he maintains that one of the colleagues of Prof. Otto, Prof. Wendl, had declared the homœopathists to be quite right in considering Aconite an excellent remedy, nay, a remedy of almost miraculous effect in cases of inflammation, and had told Fangel that he himself had a very high opinion of the homœopathic system.

Fangel died of apoplexy in Copenhagen, April, 1843.

A book by S. H. Petersen, an unprofessional man, "A Layman Speaks to the Laymen of the Disputes between the Physicians,"



Copenhagen, 1855, supports the homœopathists in attacking Professor Otto.

The other two homœopathic physicians living in Copenhagen at that time, were :

Johan C. L. Pabst and Hans Thomsen. Pabst was born in 1795, at Corsoer, in the principality of Lundbeck. He did not study at the University. In June, 1836, he set up as physician in Copenhagen, having previously been regimental surgeon at Sleswig, and having made several voyages to the East Indies as sea surgeon.

He was a very talented man, and had an excellent knowledge of drugs. He had a very good practice, being generally successful in his cures; once, having saved the life of his adopted daughter, he was praised in very strong terms by an allopathic physician; she was married to a professor of music, and was, when confined, in imminent danger. Pabst gave her Aconite, and in the course of the night she rallied completely. On seeing this change, the physician (accoucheur) said to Pabst, "you are the right doctor for people who are on the point of death."

My father, now eighty-three years old, was, in 1834, cured by Pabst of a painful eczema, which had been declared incurable by several allopathic physicians.

Pabst died on the 18th of May, 1861, of erysipelas. He had been cured by H. C. Lund, which circumstance became the cause of his adopting the homœopathic doctrines.

Hans Thomsen was born in 1802, at Husum, in Slesvig; in 1821 he set up as a barber in Copenhagen, and passed an examination at Surgeons' Hall, in 1835. From 1836, until his death in 1864, he practiced as a homœopathic physician.

Thomsen was very kind to the poor, and was universally liked. He had a good practice, and was generally successful in his cures, especially during the great cholera epidemic in 1853, when he, Pabst, and C. L. Lund, had every reason to be proud of the results of their treatment. Only 5 per cent. of their patients died, while our allopathists had to report the death of from 50 to 70 per cent. of theirs.

Christian L. Lund, a son of the above H. C. Lund, was born in 1818, was entered at the University of Copenhagen in 1837, and passed his examination in 1844.

He practiced as a homœopathic physician in Copenhagen from

1844 until his death in the spring of 1875, and was generally successful.

Pabst, Thomsen, and C. H. Lund, have not translated or written anything.

Shortly after the death of Pabst, in October, 1861, Crik Niisson Feveile began practicing in Copenhagen. He was born near Veile, in Jutland, in the year 1819, was entered at the University in 1837, and passed his examination in 1845. He practiced as allopathic physician at Mariager, from 1845 to 1851, and after that time at Bendsborg.

In 1860 he founded the *Popular Homœopathic Review*, that was issued every fortnight until 31st of July, 1862, when it ceased to appear.

It was started again on the first of January, 1863; this time as a monthly paper, and was issued regularly until October, 1863; in 1864, only the January and February numbers appeared; and from February, 1864, until 1866, the homœopathists were not represented by any organ.

The *Popular Homœopathic Review* was now again started (this time in octavo—formerly in quarto), and was issued regularly every fortnight from the first of October, 1869; a homœopathic physician, Siemsen, managing the editorial business.

It was not issued again until the 1st of February, 1869, when Feveile again undertook the management, and it now appeared regularly every fortnight until the 15th of August; then again, from the 1st of November until the 1st of January, 1870, being then issued as a monthly paper until May, 1870, when it ceased to appear.

During this interval Feveile died. The *Review* was started again by "The Homœopathic Society," and was issued from January, 1874, until September, 1876, under the name of the *Monthly Homœopathic Review*; during this time it contained nothing but abstracts of other homœopathic reviews.

From October, 1876, I undertook the editorial business, which I have been conducting ever since. Now, as when managed by Feveile and Siemsen, the *Review* contains original essays and descriptions of illnesses, as well as abstracts of foreign homœopathic reviews.

From January, 1874, it has appeared regularly every month.

Pabst having died a short time before Feveile began practicing in Copenhagen, the latter soon got many patients and became very

popular. He was a very zealous defender of homœopathy. When, in 1857, the doctrines of homœopathy were attacked for the first time since the attack of Professor Otto, in 1835, by Gyersing, M.D. (physician at Valla Kloster, near Kyoge), in a pamphlet, "Homœopathy, What it is, and What it is Worth," Feveile published a smart reply, the pamphlet having previously been answered by an unprofessional man.

In 1863, Gyersing renewed his attack, in a very spiteful manner, by an article in the *Physicians' Weekly Review*. Feveile again published a very smart, witty reply, and this time Gyersing was effectually silenced.

He (Gyersing) distinguished himself, however, in another way in 1877, by declaring, in the *Physicians' Weekly Review*, that he had found Belladonna, in small doses, an infallible preventive of the scarlet fever! What a pity that this was discovered by Hahnemann in the beginning of this century!

In December, 1865, the doctrines of homœopathy were again attacked in a lecture delivered at the "Workmen's Association," by Lutken, Cand. Med. and Chir., and in April, 1867, in a lecture delivered at the "Manufacturers' Association," by Rasmussen, M.D. At both of these places Feveile delivered lectures defending his opinions, and was applauded by the audience.

These lectures were published. Besides, Feveile wrote a pamphlet, "Homœopathy Viewed in the Right Way." In 1862, he wrote a petition to the Municipal Council of Copenhagen, asking that a homœopathic ward might be established at the new city hospital.

This petition was refused. In 1869, Feveile published an appeal to the public asking for voluntary contributions to the foundation of a homœopathic hospital. Up to this time a fund of about 164,000 kroner (\$14,000) has been collected for this purpose, about as much being still required.

In 1867, Feveile published *Homœopathic Cookery Book*, by Miss Clara Fangel (a daughter of the physician, H. Fangel), and in 1872, he translated *Homœopathic Family Doctor*, by Hering.

As has been told above, Feveile soon got a great number of patients, and wanting an assistant he applied for one at Lietze's hospital at Cothen, on which R. Muller, M.D., was sent to Denmark to assist him. Muller had an excellent knowledge of materia medica;

having left Feveile, he set up as a physician in Copenhagen, where he remained until his death. He died in 1880, at Gross Tabary, in Thuringia, where he had gone to be cured of a pulmonary disease.

In 1865, Siemsen became the amanuensis of Feveile; in 1867 he began practicing on his own account, and is now the most popular of the homœopathic physicians of Copenhagen. In 1869, a very busy country doctor, Henrich Lund, M.D., at Overad, wrote an excellent monograph about Arnica, accompanied by many descriptions of illnesses, and submitted it to the examination of the Medical Faculty of the University of Copenhagen, hoping to be made an M.D.; but he was answered that this dissertation could not be admitted, based as it was on unscientific theories according to the views of the faculty. This dissertation was afterwards printed and published; besides Lund has published a few pamphlets about homœopathy and allopathy. He is now a landed proprietor, and does not practice any more, but he is always studying the progress of homœopathy, having a very high opinion of it. On the 26th of February, 1889, Henrich Lund died in Copenhagen. I may here mention that the late Wederkinch, M.D., a homœopathic physician, born at Bendsborg in 1799, for some time established at Odense, was for a short period the assistant of Feveile, after having adopted the doctrines of homœopathy in 1862. He died in September, 1876, of an inflammation of the bladder. Søren Jensen, M.D., was born in 1811, and in 1837 passed an examination at the Surgeons' Hall, adopted the doctrines of homœopathy in 1836. Chr. L. Lund having cured his eldest daughter of meningitis, he also assisted Feveile for a short time. Dr. S. Jensen died of apoplexy the 5th July, 1887, 76 years old. Feveile died in March, 1873, only 54 years old, of diabetes and a carbuncle combined with embolus. Both Wederkinch and Jensen were able practitioners.

Carl V. J. Brahde, M.D., was born in Copenhagen in 1836; he was entered at the University in 1856, and passed his examination in 1866. For one year he pursued his studies at the City Hospital, then he established himself at Bornholm and afterwards in Horsholm near Copenhagen. He adopted the doctrines of homœopathy in 1873, and was from that time practicing in Copenhagen until his death in September, 1881. Brahde was much liked by his patients. An inflammation of the lungs, combined with erysipelas, put an end to his active life.

At present the following homœopathic physicians are established at Copenhagen as practitioners, viz.: H. Siemsen, M.D.; E. J. Olsen, M.D.; Oscar Hansen, M.D.; H. C. Wegge, M.D.; L. H. Feveile, M.D. (a son of the late E. N. Feveile), and A. Bergmann. Their names are arranged according to the date of their establishing themselves. P. P. Orum, M.D., is practicing at Aarhus, in Jutland.

The veterinary surgeons, Chr. Strigler, in Copenhagen, and Sander Lawsen, at Hornsyld near Horsens, in Jutland, have also adopted the doctrines of homœopathy. Several other of the veterinary surgeons are supposed to have followed the example of these two gentlemen, but secretly.

In Copenhagen, only one chemist has established a sub-division for the dispensing of homœopathic medicines. At Aalborg-Aarhus and Veile-in-Jutland the homœopathic medicines may be had at the chemists.

Having been deprived of our right to dispense medicines by a sentence of the High Court, and finding it impossible to do without this right, as long as the homœopathic remedies may only be had at one chemist's in Copenhagen, we have applied to the Supreme Court. We demand that all chemists may be enjoined to establish subdivisions for the dispensing of homœopathic medicines, all physicians being by law prohibited from dispensing medicines, and all of us being examined physicians. Now all the pharmacies should have homœopathic medicines.

We have taken the preliminary steps towards the erection of a homœopathic hospital in buying a building-ground and some buildings in the parish of Fredricksberg.

The Homœopathic Society was founded in 1854, but has only about 100 members. The Society publishes *The Monthly Homœopathic Review*, edited by me; the members have it free of charge. The subscription is 4 kroner a year (\$1.10). The Society has a collection of books, and supports young physicians who are studying the system of homœopathy. The late S. Jansen, M.D., held a situation as medical attendant at an institution for chronic diseases at Emdrup near Copenhagen, founded in 1874 by the Rev. Hess, who was favorably disposed towards homœopathy. The buildings being very bad, the establishment was broken up again in 1875. A pamphlet containing a report of the results was established.

## HOMŒOPATHIC LITERATURE.

In addition to the above-named books the following original and translated books and pamphlets have been published by the Homœopathic Society :

1. E. C. Chepmell, M.D., "Homœopathic Doctor." Translation 1856.

2. "Homœopathic Adviser in Choleraic Diseases," 1857.

3. "Exact Instructions for Mothers How to Cure the Croup without the Assistance of a Physician." Translated from German, 1857.

4. W. Stens, M.D., "The Present System of Medical Treatment." Translation, 1858.

5. "The Characteristic Effects of the Most Important of the Homœopathic Remedies," 1874.

The following books are partly original, partly translated, partly revised :

1. Stephen Yeldham, M.D., "The Moral Evidences of the Truth of Homœopathy." Translated by T. G. Repp, 1853.

2. J. C. Lehrmann, "Homœopathy, What it Is and What it is Worth." Reply to Gyersing, 1859.

3. "Can Homœopathy Cure Illness?" By S. V., 1861.

4. "Of the Cattle Disease in Jutland and its Homœopathic Treatment." By S. V., 1861.

5. "Homœopathic Instructions for Laymen How to do Without a Physician in Different Cases." By R. Horluck, 1865.

6. B. Hirschel, M.D., "Homœopathic Family Doctor." Translated and revised by Siemsen, M.D., 1873.

7. "Infallible Remedy for Tooth-ache." By P. J., 1877.

8. L. D. Hess, "Homœopathic Family Doctor," 1878.

9. "Complete Homœopathic Family Doctor." By a Norwegian homœopathist, 1878.

10. "Ought Government to Enforce Vaccination?" By Orum, M.D., at Aarhuus, 1878.

11. "A Brief Instruction in the Knowledge of Homœopathic Medicines." Translated from Clotar Muller's Characteristics and revised by Oscar Hansen, M.D., 1879.

12. Clotar Muller, "Homœopathic Family Doctor." Augmented.

by Oscar Hansen. The preface by Oscar Hansen, 1881. Second Edition augmented, 1891.

13. Weil, "Homœopathic Hand-book." Translated by P. P. Orum at Aarhus, 1882.

14. "Explanation and Remarks on Y's Attack on Homœopathy, in the *Fedrelandel*." By Kaurin, homœopathic physician in Kristiania (Norway), 1882.

15. "The Dangerous Diphtheria."

Veterinary Books, 1882.

1. Th. Tregar, "Brief Instructions for the Use of the Most Important Homœopathic Medicines in Treating the most Common Diseases of Domestic Animals." Translated and revised by Chr. Strigler, Homœopathic Veterinary Surgeon, 1875.

2. "Experiments in Homœopathic Treatment of Diseases of Domestic Animals." By L. M. P., 1855. Part I.

3. I. E. Schafer, "Homœopathic Veterinary Surgeon." Translated, 1877.

#### POSTSCRIPT.

Finally may be mentioned the last violent attack on Homœopathy. It was published in *Fedrelandel*, shortly before this paper ceased to appear. In its numbers for the 16th, 17th, and 19th January, 1882, appeared a "feuilleton" by one Y. M. D., containing a very badly written but most insolent attack on Hahnemann. Y says that the cause of so few attacks on homœopathy having appeared of late is that people do not think it worth their while to take notice of it (!!) He calls homœopathy a collection of daring hypotheses and mystical theories, and wonders that the homœopathic want the allopathic physicians to acquaint themselves with this system. He thinks that they do not mean it—but that such expressions impress laymen strongly. He goes on to describe the principal doctrines of homœopathy and remarks that the system has been modernized in the course of time. Then he mentions Hahnemann's first appearance in *Hufeland's Journal*, 1796, etc., and wonders that homœopathy is the only system that has not sunk into oblivion. He says further, "It is an honor to the profession, that only very few physicians and only such as have everything to win, nothing to lose, have adopted the homœopathic doctrines."

Then he ridicules in the usual way the proving of drugs, and

the doses, adding however that the latter is not so indifferent as is usually supposed. Then he criticizes *Natrum mur.*; and goes on talking about business ledgers, bad bills, etc.

Then he mentions the intensifying process. *Similia similibus* he rejects completely, and having mentioned *Psora*, *Syphilis* and *Sycosis* and *Isopathy*, he winds up with the exclamation: there must be an end to homœopathy! It does not suit the time any more! This is quite ridiculous. Y. must be a great fanatic; at any rate he detests homœopathy most heartily.

Our colleague, Simensen, M.D., published a clever and dispassionate answer in the same paper (on the 16th and 17th February, 1882).

He says Y. knows only the writings of Hahnemann, and that he is quite unacquainted with the modern homœopathic literature, and he proves that Hahnemann in the *Organon* mentions several physicians that had adopted the *Similia similibus* doctrine.

Simensen again accentuates that the small doses are a practical consequence, but that they are not absolutely necessary. He goes on to state that *Psora*, *Syphilis* and *Sycosis* are not adopted as a rule and that *Similia similibus* is not only a theory, but that it has stood its test at the sick bed. He mentions that Hahnemann began by giving larger doses; that mercury mixed with grease is more easily dispersed and becomes more effective. Finally he mentions Crook's *matiere radiante* and Prof. Jaeger's neural analysis, hoping that the further development of these doctrines will support homœopathy.

On the 21st of June, 1883, appeared among the medical news of the *Nationaltidende* an attack on homœopathy, (called "Homœopathy"), which looks like a bad jest. It was not signed by any name, not even by a mark. The author only knows that part of the homœopathic literature that is written in Danish, and of that only the most popular pamphlets. The whole article is nothing but a reproduction of Y's article, only written in a still worse style. He just mentions Hahnemann and *Isopathy*. We did not even think it worth our while to reply to this attack.

On the 4th of August, 1884, appeared in the *Nationaltidende* an article called "Cholera in Italy" in which is given an impartial description of the homœopathic treatment of cholera. The author says: It appears to us that the physicians have up to this time attached more importance to the scientific part of the question than



to the practical part, the former being no doubt of the greatest interest to themselves. But to the poor patients it is a matter of very slight interest whether the cholera be Asiatic or sporadic, they only want the means of defence against the enemy.

Finally he mentions the report of Gras, M.D., of the Homœopathic treatment of Cholera, published in the Paris newspaper, *Figaro*.

*HISTORICAL SKETCH OF HOMŒOPATHY IN  
MEXICO.*

BY JOAQUIN GONZALES, M.D., CITY OF MEXICO.

(Secretary of the Mexican Institute of Homœopathy.)

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HOMŒOPATHY was introduced into Mexico in 1850 by Dr. Ramon Comellas, who came from Barcelona, Spain, and was Professor of Pathology in the University of Valencia. Later Dr. Julian Gonzales was associated with him, founding together the first homœopathic Consultorio at 13 Acequia Street.

The terrible epidemic of cholera which visited the Republic in this same year, was combated with the most brilliant results by homœopathy, and being employed then for the first time, with results so satisfactory, permanently established upon a solid foundation the reputation which it to-day so justly enjoys. From that time homœopathy began to extend with slow but firm steps.

The new system had a large field in which to extend itself for the second time, in the epidemic of cholera which was repeated in 1853, and which was combated as in the first epidemic, but with results even more surprising.

In the earlier part of 1855 Dr. Sanchis, of Valencia, Spain, came to Mexico, and later in the same year Drs. José Carbo, of Barcelona, Spain, and Rafael Navarrete, of Cuba, who practiced the new therapeutics with results which exceeded their expectations.

In 1858 Drs. Comellas and Gonzales, impelled with a desire to pursue new studies, and with the object of enriching their armamentarium with new remedies, made a trip to the United States, returning to Mexico at the end of the year, devoting themselves anew to the practice of the marvellous doctrine of Hahnemann.

In 1861 Drs. Comellas and Gonzales went to Europe, having established in the calla de la Moneda, No. 6, the first homœopathic

pharmacy, which they left in the charge of Dr. Joaquin Salos, physician of the faculty of Mexico, and his son Antonio.

Dr. Gonzales returned to Mexico in 1864, and in connection with Dr. Grapp, a reputable German physician, opened a consultation-room at No. 2 calle de Betlemitas.

Two years later an attempt was made for the first time to establish an homœopathic hospital in the Pueblo de Dolores, under the care of Dr. Rafael Degollado, physician of the faculty of Mexico, who had been converted to homœopathy, a short time before, under the influence of Dr. Gonzales. On account of failure to obtain the necessary funds the enterprise was shortly abandoned.

In 1869 the pharmacy and office of Dr. Gonzales were removed to the plaza de Guardiola, No. 13.

In this same year, under the influence of Dr. Gonzales, was formed the Homœopathic Institute, with the following officers and member, followers of the new doctrine :

President, José Puig, of Barcelona, Spain ; Vice-President, P. P. y Peres ; Secretary, P. Fuertes y Herrera ; Assistant Secretary, Guillermo Hay ; Treasurer, Julian Gonzales ; Honorary President, Dr. José Branlio Sagaceto. Members : Mariano Omedes de Viela, Antonio Medina, Pascual Vielsa, Francisco Peres Ortis, M. Gomes, Rafael Navarrete, José F. Hidalgo, Francisco Aguilar, Manuel Aguas and P. Gomes.

In 1871, Drs. Carrera, Francisco Lerdo de Fejada, Camargo, Cagigal, Ramires Arallano and Chaves joined the Institute. In 1872, Dr. Juan Pablo, of los Rios. In 1873, Garvisu, Dias de las Cuevas, Arteaga, Valdes and Belot. In 1874, Colin, Marchena, Tinoco, and Mijares.

Dr. Juan Pablo, of Rios, in a learned discourse delivered at a special session held May 3, 1874, in honor of the illustrious founder of homœopathy, Samuel Christiana Federico Hahnemann, and published in numbers four and five of the *Propagador Homœopatico*, the official organ of the Institute Homœopatico Mexicano, said :

"A few years ago, in 1869, Dr. Julian Gonzales, an indefatigable worker, established an homœopathic pharmacy, at No. 13 San Francisco Street, now known as Hotel Guardiola, which contained all the known medicinal substances, while he also enriched the pharmacopœia with personal contributions. To-day we have similar establishments in San Luis Potosi, Zacatecas, Guadalajara, Aguascalientes, Leon, Tampico, Queretaro, and Durango."

These isolated efforts were not able to maintain the importance which they deserved, and agreeing as to the necessity of increasing their efforts by union, determined to realize it. This it was which gave origin to our association, which at the beginning received the name of "Institutio Homœopatico."

Later a dispensary was established where the sick began to resort. The establishing of this dispensary was a new appeal against the enemies of homœopathy. In fact, seeking to deride the new deity which the homœopaths revered, they attempted to discredit it; condemning it as erroneous and inefficient, they commenced to send to the dispensary all the patients which they could not cure at their own clinic. It was a new spirit which was prescribed for the patients who held, according to science, a speedy passport for eternity. By this means they placed upon homœopathy the responsibility which belonged to classic medicine. But the thing which they proposed as a sneer to discredit the principle of similars, was a powerful lever in raising it in public opinion.

Yes, gentlemen, many of those sentenced to death by allopathy, received life and health from the incomprehensible globules. Many who had been condemned by the medical areopagi to the loss of their limbs, owed to homœopathy their actual integrity, while all, or at least the very large majority, discovered that those attenuated doses contained a curative virtue incontrovertibly greater than those of a crude form.

From that time increased daily, more and more, the number of those patients.

The homœopaths desirous of extending the benefits of their practice throughout the Republic, proposed to disseminate their theory by means of a suitable publication, for until 1868 there existed only one way of spreading this knowledge, and that was by a manifestation of gratitude on the part of some patient, who having exhausted his patience for many years at the hands of the allopathic school had found health at the dispensary. With that idea the members of the Institute founded the periodical called *El Propagador Homœopatico*, which we still continue to publish.

As a result of these efforts, homœopathy, little known in 1850, as I have said, has been extending its domain until to-day it is known from the banks of the Rio Bravo, on the North, to the borders of Guatemala; from the Gulf of Mexico to the tranquil shores of the Pacific Ocean.

The medical propagandists, who in the years 1850 to 1868 were only consulted in very rare cases, began to receive clients who had been attracted by the rumors of the good results obtained at the dispensary. To it had come from the beginning more than 20,000 patients, and to-day the number is much larger.

From the Institute had gone out also a number of its members in order to establish a new society, which also had its dispensary.

On the registry of the Secretary of the Institute could be found the names of those of the profession from abroad, and from the States of Vera Cruz, Puebla, Morelia, Campeche, and Zacatecas.

A number of distinguished citizens of the States have solicited and obtained the title of corresponding members, and with the resolution which gave the conviction, have united in extending homœopathy.

During this very year we have received into membership on their own petition, Drs. D. Julio de la Fuente, Leopoldo R. Pizarro, José Martinez Sanchez, Guillemo Hay, Alfredo R. Santillan. The Institute is in fellowship with the homœopathic societies of Europe and North America, exchanging with them its publications, of which many have merited and received a reproduction into other languages and the discussion of the subjects by the members of many of these honorable societies.

These advances have been achieved, not alone by the efforts of those who are or have been the partisans of homœopathy, but by the irresistible force of its principles, by the truth of its doctrine, and by the evidence of its results.

Its prestige has been neither diminished nor destroyed by the attacks of its enemies, by the incapacity of some of its votaries, by the venality of other pseudo-partisans, nor, finally, by the discord among its own members.

In 1873, on account of dissensions occurring among the members of the Instituté, a number of them separated from it in order to found a new society, to which was given the title, "*Sociedad Medica Homeopatica Mexicana*," the first officers and charter-members being the following:

President, Marian Valdez y Moreles; Vice-President, Rafael Navarette; General Secretary, Pablo Fuentes Herrera; Assistant Secretary, Manuel Ruiz Davila; Auditor, Enrique Carrera; Treasurer, German Chavez; Members: Tranquilino Hidalgo, Antonio Salas, José Pontones, José Maria, Gomez de Leon, Antonio Medina,

Pablo Barona, Domingo R. de Arellano. Associate members, not founders, Manuel Chavarri, Juan D. de las Cuevas.

The first session of this society was held on December 11, 1873, and in the following year issued an official organ entitled *El Faro Homeopatico*. In 1874, Dr. José Puig petitioned the Governor-General for authority to establish a homœopathic hospital at the capital, to be sustained at his expense; but, unfortunately, owing to the machinations of the allopaths, the Superior Council of Health refused its permission, claiming that the house selected for the hospital did not furnish appropriate conditions. Disappointed by this refusal, Dr. Puig, at his death, gave his fortune to the homœopathic hospital of San Jose, of Madrid.

In 1874, Dr. Francisco Perez Ortiz, who had come from Madrid, Spain, and had the diploma of the Faculty of Mexico, having been re-elected President of the Instituto Homeopatico Mexicano, desiring to give a new impetus to the association, proposed a resolution separating the Socios Profesores from all those practitioners who did not hold a diploma from a recognized school of medicine. This event gave rise to a new division among the different members of the society, so that the Institute was composed only of the following: President, Francisco Perez Ortiz; Secretary, Crescencio Colin; Treasurer, Bernardo Mendizabal. Members: Juan B. Arteaga, Alberto Salinas y Rivera, Francisco Marchena, Ismael Talavera, Placido Diaz Barriga.

Among the representatives of homœopathy in Mexico, especially distinguished by their scientific attainments, social position, and their efforts to raise our cause to the high position which it has attained in other lands, who deserve special mention, are Drs. Marchena, Diaz Barriga and Talavera.

We quote from the biographies of Drs. Marchena and Diaz Barriga (*El Ymparcial*, No. 6, March 30, 1890), and that of Dr. Ismael Talavera (*Reforma Medica*, Vol. 2, No. 3, Nov. 1, 1886).

#### DR. FRANCISCO MARCHENA.

"Consistent with ourselves in the impartiality to which we hold to our standard, and not desiring to overlook carelessly prominent persons, as those of Marchena, Diaz Barriga, Fernandez de Lara and other physicians who, endowed with great talents, thorough learning and keen judgment, have exchanged at certain times their therapeu-



tic opinions, based on the principles proclaimed by Hipocrates and Galen, for those established by Hahnemann, we have selected that of Dr. Francisco Marchena, physician and surgeon of the Faculty of Mexico, and later a homœopath, to adorn our gallery.

Francisco Marchena was born in Cordova, a canton of the State of Vera Cruz. He was a descendant of a rich and distinguished family, and soon after concluding his preparatory studies, he came to Mexico to complete his studies, maintaining a high standing in all the courses, and manifesting a special aptitude for the natural sciences.

He afterwards entered the National School of Medicine, and with avidity studied each one of the interesting and difficult subjects which composed the course, receiving, as in the preparatory, the highest encomiums.

Receiving his diploma after a brilliant examination, he returned to Cordova, his native city, to practice his profession; thus passed the year 1860, but in 1864, desiring a larger field of practice, he moved to Puebla, where, in consequence of his previous high attainments, and the remarkable cures which he obtained, society was compelled to elevate him to the rank of the leading physicians.

Dr. Peña was at this time Rector of the School of Medicine, and on his recommendation Dr. Marchena was appointed Professor of Physiology. It was at this epoch that he began to declare himself a partisan of the new therapeutics, but with a little prejudice, because it had been up to this time practiced by amateurs.

The change in the system of practice which he made, was not the cause which separated him from the school which he served, because he remained in it for several years, and during that time wrote several articles, among them a study on *The Etiology and Treatment of the Diseases of the Digestive Tract*, and a memoir entitled *Similitude and Specifics*. He produced with Dr. Fernandez de Lara a work upon *Materia Medica*, and also other works, the titles of which are not recorded, but they were read with interest by the most notable physicians of that date.

One of the most successful clienteles was that held by Dr. Marchena, and he began at this time in Puebla to examine homœopathy with great interest, and established the firm confidence which he had in the new therapia, which tested by his diploma of the School of Medicine of Mexico, furnished all the necessary guarantees.

Let us cite an action which will show the loyalty to and the firm faith which he had in homœopathy. In December, 1878, he was attacked with typhoid fever, and as was to be expected his distinguished associates offered their services. These were courteously declined by the patient, and calling to him his wife and assistant, made out a list of remedies which they were to give him, indicating the opportune moment for their administration, and insisting that they should use nothing in his sickness except that which he employed with his patients. This life went out with heroism and self-denial for the cause of homœopathy.

Men who, like the subject of our memorial, give their lives as a proof of a doctrine, merit our admiration and respect.

#### PLACIDO DIAZ BARRIGA.

We now speak of another figure, one of the most prominent which appears to-day among the homœopathic physicians, and at present practicing in Puebla; we refer to Placido Diaz Barriga.

Dr. Barriga pursued his studies in the classics and philosophy in Seminario Conciliar of Morelia, under the care of his uncle Senor Obispo of this diocese. His medical studies were followed in Mexico, in which he attained a high standing, and in 1864, the fifth year, received his diploma, which was conferred by Maximilian in the grand presentation which took place in the College of Mineria, when he received the diploma of physician and surgeon from the Faculty of Mexico.

He was in Europe for two years; was in Madrid in the hospital of San Jose, lived in Chambery, and practiced by the side of the distinguished Marques de Nufiez, who declared him to be most intelligent.

He read a paper on "Paludism," at the Congress of Cadiz, which was highly praised. Later he went to Paris, and there from early morning until late in the night, was an indefatigable student, following the courses of Charcot and Vulpian, and the lectures of Peters; never missing the clinics at the Hotel Dieu and Charity, pursuing these studies for one year.

In the evenings he assisted at the sessions of the Hahnemannian Federative Society, to which body he was admitted after exhibiting his diploma as physician and surgeon and presenting a noteworthy



study upon the "Homœopathic Materia Medica," receiving a new title, honorable and distinguished.

He returned to Puebla, and there continued the habits of study which he had formed in Europe, namely, to study five hours every day, which he still follows, as the result of which he has attained a remarkable erudition, which overflows in his lectures in a torrent of medical eloquence.

He has been Professor of Physics in the Colegio del Estado, and in the medical school at Puebla, he has given lectures of descriptive anatomy, physiology and pathology, and oral courses for four years. Having been elected rector of this same school of medicine, he established a course in pathological histology, lecturing without any remuneration, and gave at his house on two evenings of each week an oral course on comparative therapeutics, in which he arranged a comparative and co-ordinate study of allopathy and homœopathy.

Dr. Barriga is eloquent, well-informed, elegant and chaste in his diction; an observer and physiologist by nature, he accepts only that which experience has sanctioned; a philosopher in the science of Hippocrates, he seeks always for the truth at any cost; an eminent pathologist, he knows how to avoid, with his extended experience, the embarrassments which often prevent the physician from arriving at a certain diagnosis.

#### DR. ISMAEL TALAVERA.

We have not been able to obtain a complete biography of this distinguished physician, and can only give a few notes upon his brilliant career and conversion to the doctrines of the immortal Hahnemann.

Ismael Talavera, the son of Dr. Joaquin Talavera, was born in Orizaba. As soon as he had finished his preparatory studies in the State College he came to Mexico. He pursued his professional studies in the National School of Medicine, distinguishing himself in every course, and was one of the favorite pupils of Dr. Duran, then the director of the school.

After sustaining a brilliant general examination, he received the diploma of physician, and then settled in Pachuca for the practice of his profession, where he was greatly esteemed for his genial manners and distinguished ability.

After practicing here for some time, personal matters brought him

to Orizaba, where his talents and learning soon placed him among the most appreciated and esteemed of physicians.

At this time he met in Orizaba a Cuban physician, Dr. José Torres, who had been converted to homœopathy several years before. Talavera, disgusted with the old-school therapeutics, commenced, at the suggestion of Dr. Torres, to study homœopathy, and to make his first experiments with it.

After two years of study, with a mind naturally of an analytical and observing nature, in which he put to the proof the doctrines of our immortal master, Samuel Hahnemann, converted by the evidence of the truth of its principles, he declared himself an ardent advocate of so great a beneficent and humanitarian discovery.

From that time he did not rest a moment in his undertaking, nor was he deterred by the attacks of the enemies of light and progress; nor did he relax one of his efforts until he saw them crowned with the official recognition of homœopathy by the Legislature of the State of Vera Cruz, and the assigning of two wards in the hospital "Llave," for the treatment of the sick by the method of the reformer of medicine. Not satisfied with this but desiring to attain greater proficiency in the science of homœopathy, he went to the United States, and at the Hahnemann College, of Philadelphia, devoted himself, under the charge of the lamented Professor E. A. Farrington, for two years to the exclusive study of our rich but difficult *materia medica*, receiving as the reward of his labors the appreciation and esteem of the leading homœopathic physicians of New York and Philadelphia.

On his return to Orizaba he again resumed charge of his clientele and the hospital wards which he had left in the care of our illustrious friend, Dr. Crescencio Colin.

At this time his health already weak began to fail more rapidly until we had the misfortune to lose him two years ago, from an attack of gastro-enteritis. In him society lost a distinguished member; science one of its worthy representatives, and ourselves a loyal friend whom we always held in the highest esteem.

In consequence of the deaths of Drs. Puig, Perez Ortiz and others, the Institute suspended its labors, at the same time, though from distinct causes, as did the Sociedad Medico Homœopatica Mexicana, until 1885, when Dr. Colin solicited all the homœopathic physicians to form a new association based on the following: 1. The society to be

called "Circulo Homœopatico Mexicano. 2. Its object shall be the study, propagation, and defence of homœopathy, and the establishing of fraternal feelings between the members of the profession. 3. There shall not be any professional distinction between the various members of the circle. 4. The meetings shall be held every fifteen days at the homes of the members, in alphabetical order, the president of the session being the host of the evening. 5. For the formation and preservation of the proceedings and work of the circle, there shall be elected a secretary and assistant, by ballot of the members, who shall be replaced whenever desired. 6. In the admission of new members, the application shall be made in writing by two of the members, who shall vouch for the moral character and qualifications of the applicant, and at the following session he shall be elected by ballot. 7. Persons who may be wanting in the necessary qualifications, but who may desire to assist at the meetings, either with the object of studying or to aid in the work of the society, can do so on the presentation and information of one of the members. 8. These propositions to be provisional, to be modified or enlarged by the society.

The older members of the Institute which were the largest part, and the few who had been members of the Mexican Homœopathic Medical Society, promptly accepted the call of Dr. Colin, and at a meeting held in the Hotel Humbolt, April 4, 1885, there were present these members together with others who had not been associated with either society. Having discussed and modified the propositions of Dr. Colin, the circle was founded. In this and the following year, 1886, the circle celebrated the anniversary of Hahnemann, but beside honoring the latter in the toast responded to by Dr. Francisco Aguilar, he also spoke as follows: "I propose that we confirm the definite and complete union of all homœopaths in one association, and that we give it the name of the Homœopathic Institute of Mexico, which was the first in existence, and which had been recognized by the foreign homœopathic societies, and also received official recognition by the Legislatures of our Republic and those of the States of Puebla and Vera Cruz." This proposition was received with favor and at the next session was finally adopted.

Dr. Crescencio Colin, one of the most aggressive champions that homœopathy has had among us was elected President of the Institute. He had maintained numerous and severe polemics with the

most distinguished professors of the official school, having had the honor of confuting in his discussions learned physicians like Drs. Adrian Segura, Fenelon, Malanco, and many others.

The organ of the Institute, *La Reforma Medica*, continues to be published, being under the direction of Dr. Joaquin Segura y Pesado. About this same time there arrived in Mexico, Dr. Oriard, a reputable homœopathic physician of France, who was received with general acceptance, but he died a few years ago from pneumonia.

Renewing each year, according to the rule of the Institute, the direction of its affairs, Dr. Panfilo Carranza, a graduate of the homœopathic college at Cincinnati, U. S. A., was elected president. He had employed the last years of his life in the disinterested practice of the new doctrine, having acquired a position of respect and importance among the most cultured class of society. As a marked advance for our cause he was able during the period of his presidency to see the establishing of a public and free consultorio in his house, No. 7 Corpus Christi Street, which was attended by the members of the Institute, and was under the care of Dr. Ignacio Fernandez de Lara, who had been converted to homœopathy a few years before. A number of sick were treated at this infirmary, the number of prescriptions in that year being over 8000.

In 1889 Dr. Joaquin Segura y Pesado, graduate of the Faculty of Medicine, Mexico, was elected president. Endowed with bright talents and with a spirit of investigation more than the average, he was able, after his first attempt in practice, to appreciate the void which has always existed in the therapeutics of the old school. A short period of conscientious study of the new therapeutics served to dissipate all doubts, and with the integrity which characterized him he devoted himself to its practice, openly breaking the bonds which united him to the opposite school. He signaled the epoch of his presidency by the foundation of the school of homœopathic medicine, of which he was the director.

At this same time Dr. Agustin Garcia Figueroa was admitted to the Institute. He obtained his diploma in the medical school of Mexico, and a short time after graduation entered into the medical body in which he practiced for some years. A learned disciple of Compe and Littre he produced a noteworthy treatise, dedicating it to the profession in general and the Faculty of Medicine in particular,

entitled a "Method of Therapeutic Investigation." This gave rise to a heated discussion, between this worthy representative of the new school and Drs. Fenelon and Malanco. Later he began to publish a work upon *Medical Philosophy*. Among the various and interesting articles due to his busy pen, which merit especial mention, is one entitled, "Scientific Wit," which he published in the daily press, *El Partido Liberal*, and which was largely copied by other papers at the Capitol.

In 1890, Dr. Pablo Fuentes y Herrera was elected president of the Institute, which was designed as a mark of respect to one of the oldest practitioners of homœopathy.

In 1891, Dr. Ignacio Fernandez de Lara, a graduate of the Mexican Faculty, was elected president. On account of his high scientific acquirements and his eagerness to elevate the good name of the cause to the height it has attained in other countries, we expect during his presidency great reforms in the progressive march of this society.

To resume: Homœopathy presents at present a school of teaching under the care of the indefatigable Dr. Joaquin Segura y Pesado, in which the plan of study is the following.

First Year.—Physics, Chemistry, Natural History.

Second Year.—Descriptive Anatomy, Physiology, and Pharmacy.

Third Year.—Topographical Anatomy, Internal Pathology, Operations, Clinical Medicine, Practice in Operations.

Fourth Year.—Internal and General Pathology, Hygiene, Clinical Medicine.

Fifth Year.—Obstetrics, with Clinic, Legal Medicine.

Sixth Year.—Materia Medica, Organon of Hahnemann, Therapeutics, Clinics in all Branches.

There is also a special hospital in Tacubaya, under the care of Dr. Joaquin Segura.

A public dispensary attended by the members of the Institute, with an increasing number of applicants.

A building in which is established the medical school, and where the sessions of the Institute are held.

A journal, the organ of the society, called *La Reforma Medica*, published monthly.

The following are at present in the practice of homœopathy :

In the Capital, old members of the first epoch of the Institute,

are Drs. Julian Gonzales, Antonia Medina, Pablo Fuentes Herrera, Francisco Aguilar, Juan Pablo de los Rios, Antonio Salas.

Graduates of the faculty of Mexico: Drs. Agustin Montañio, Joaquin Segura y Pesado, Ignacio Fernandez de Lara, Edmundo Torreblanca.

Physician of foreign faculties: Joaquin Gonzales, Hahnemann College, of Philadelphia.

Associates: Pablo Barrona, Juan N. Arriago, Benito Quintana, Rafael Carbo, Manuel A. Legarrete, Miguel Bachiller, Rodriguez Campero, and others.

In the states: Drs. Rafael Villamil, Frederico Pedrera, Nemesio de los Santos Rubio, and Elias Febles in Merida, Yucatan.

Dr. Agustin Figueroa, in Jalapa, Vera Cruz.

Drs. Placido Diaz Barriga and N. Polo, in Puebla.

Dr. Gonzales Amezcua, in Zamora, Michoacan.

Dr. Benjamin de la Torre, in Guadalajara, Jalisco.

*HOMŒOPATHY IN RUSSIA.*

BY C. BOJANUS, SR., M.D., MOSCOW, RUSSIA.

(A Historical Sketch for the Last Five Years, from 1886 to 1891).

IN our last historical sketch sent to the International Congress held in Basle in 1886, we had, unfortunately, some distressing circumstances to report; and the fact that the first impulse which led to such painful results had proceeded from our own camp, rendered them the more depressing. It is with a feeling of greater satisfaction and with a brighter look-out into the future that we undertake a short report of the events of the last five years; our sketch must necessarily be a brief one, as a greater part of these facts have already appeared in print in the *Transactions* of the Forty-second Session of the American Institute of Homœopathy in 1889, and in the *Journal* of the Berlin Society of Homœopathic Physicians, vol. viii., p. 214 (*Zeitschrift des Berliner Vereins Homœopathischer Aerzte*). Both articles may serve as a reference to those who should care to become acquainted with the full details of these interesting events.

It is an undoubted fact that homœopathy in Russia has entered into a new era, thanks to Dr. Brasol's public lectures and discussions on homœopathy. The unmerited humiliation which homœopathy had to suffer during the preceding five years, owing to the joint exertions of its friends and its foes, has fallen back upon its enemies, according to the usual law of retaliation, for the arguments of the opponents who took up the discussions at the lectures of Dr. Brasol were a complete failure; they not only exhibited to the whole world their total ignorance of the subject they had undertaken to discuss, but took recourse to most unworthy and cunning tricks and loopholes; this was particularly conspicuous in the deportment of a certain Mr. Goldstein, who had been bribed by our adversaries to step out as an opponent to the three lectures of Dr. Brasol, which were read in the auditorium of the Pedagogical Museum in St. Peters-

burg.\* The first lecture upon the law of *Similia Similibus* took place February 10th (22d), 1887; the second, on Pure Pharmacology, was read November 10th (22d), 1887; and the third, November 17th (29th) of the same year, treated upon Posology. In an article written by a certain Mr. Metchnikoff,† who openly acknowledges that he knows nothing of homœopathy, the author proves that Mr. Goldstein is thoroughly ignorant of some of the laws of chemistry, that his opposition to the lectures of Dr. Brasol had no scientific foundation, and that his attacks have only turned the balance in favor of homœopathy; this article gives the opinion of an impartial judge, and throws a true light on the opposition of Mr. Goldstein.

The next step taken by Dr. Brasol in St. Petersburg was the editorship of the *Homœopathic Messenger*; under his able management a great improvement took place in the whole tone of the journal which, under its former editor, had displayed a thorough lack of individuality, and therefore occupied a second-rate position in the literary world; it now awoke to a new life, and unfurled its banner with fresh vigor, and a full consciousness of the aim it was called upon to pursue; the literary worth of its articles rose to a much higher standard, and the bulk of the journal itself was considerably augmented by the translation into Russian of Dr. Ameke's work, and since 1887 a translation into Russian of the last edition of Dr. Laurie's "Domestic Homœopathic Medicine" was sent as a supplement to every number of the journal.

Another and very important result had already been attained after the first lecture of Dr. Brasol, read in February, 1887; the fact of its having attracted the public attention of the whole town, obliged the daily newspapers to take up the subject and to mention the lecture. In most of the papers the lecture was discussed in disparaging terms; some tried to be malicious; others found nothing better but to go in for silly jokes; however, a sudden change took place in the tone of the daily papers, when Professor Manassein, president of the society for the relief of needy students, blinded by his fanatical narrow-mindedness, refused to accept the profits of the lecture, a sum of 425 roubles (\$312), which had been offered by Dr. Brasol to the

\* *Homœopathic Messenger*, 1887, pp. 88, 171, 810, 891; 1888, pp. 1, 80. *Zeitschrift des Vereins Berliner Homœop. Aerzte*, Bd. ix., p. 1, and following. (*Journal of the Berlin Society of Homœop. Physicians*.)

† *Homœopathic Messenger*, 1888, p. 110, and following.



society for the relief of the needy students. Some time before his lecture, he had taken care to publish his intention of giving up the profits of the lecture in favor of that charitable institution, but the professor refused to accept the sum, alleging, as a pretext for his refusal, that he could not employ for the benefit of the students a sum of money which had been obtained by the propagation of a system opposed to those principles which the students are bound to acknowledge. Then a storm of indignation burst out in all the papers, and the proceeding of Professor Manassein was openly condemned in terms which were far from being choice or flattering to his character.\*

A considerable alteration in the tone of all the Petersburg journals ensued after the two lectures held by Dr. Brasol in the month of November of the same year; although one or two papers expressed themselves with the same old feeling of ill-will, the rest did not follow suit, and did not indulge in any malicious or sarcastic remarks. It seems as if the whole affair had been taken up in a new light, and that the general sympathy expressed by the public for the lectures rendered the editors more cautious in their judgments, as they probably found it unpractical to go too much against the general opinion. The fourth and last lecture of Dr. Brasol "Upon the Position that Homœopathy Takes Up in the Range of Experimental Sciences" took place on the 20th February, 1890, under most unexpected circumstances.† Before the beginning of the lecture, and according to the established rule for the lectures of the Pedagogical Museum, 16 opponents had given notice of their intention of entering into discussion with the lecturer. As soon as the lecturer had finished, the president invited the opponents to take their places, but none of them appeared; they had all left the auditory before the end. Among the opponents who had given notice to the president of their intention of taking up the debate, there were three professors of physics and mathematics, one professor of physiology,

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\* *Transactions of the American Institute of Homœopathy*, 1889, p. 107. *Homœopathic Messenger*, p. 240 and following. *Journal of the Berlin Society of Homœopathic Physicians*, 1889, p. 241 (*Zeitschrift des Berliner Vereins Homœop. Aerzte*).

† *Homœopathic Messenger*, 1890, p. 1 and fol. *Journal of the Berlin Society of Homœopathic Physicians*, vol. ix., p. 137 (*Zeitschrift des Berliner Vereins Homœop. Aerzte*). *General Homœopathic Gazette* (*Allgemeine Homœopathische Zeitung*), vol. 120, pp. 121 and 155.

a professor and lecturer of chemistry, and a professor of natural sciences. A storm of applause greeted the lecturer, and expressions of indignation against the opponents who had fled burst forth from the crowded audience, and the disappearance of the opponents was severely condemned on all sides. The deportment of a professor of physics and mathematics was exceedingly characteristic at this occasion. After the end of the lecture he went up to Dr. Brasol and told him that he had nothing to say against homœopathy in general, but that he could not recognize it as a science. When Dr. Brasol proposed that he should take the chair and expound his arguments, he declined, saying, that he was not prepared. The President of the Pedagogical Museum received on the same day a letter from this professor, in which he asked that the lecture of Dr. Brasol should be printed, and his thesis once more published and proposed for public discussion, but the president answered that this had already taken place previously, and that a programme giving full details of the subjects to be treated in the lectures had been published before the first lecture had been read, and therefore if the professor had not taken the trouble of making himself acquainted with the programme at the proper time, it was too late to do so now.

We have already mentioned that the tone of the Petersburg journals had grown considerably milder after the second and third lectures of Dr. Brasol; and after the last they lowered their tone still more; they could not do otherwise than second the general indignation against the opponents, and the censure of some of the journals seemed even sincere, as they stated that the opponents were either too ignorant to take up the debates, or that they had no logical arguments at their command to oppose the lecture, so they had to take recourse in the only means of concealing their ignorance and impotence, that of running away in a cowardly manner, which is only worthy of contempt.

Whilst these events which took place in St. Petersburg raised the importance of homœopathy in the eyes of all civilized Russia, forwarded its propagation and assisted in assuring its future, a similar event took place in Warsaw under the eyes of the indignant orthodox medical faculty. One of the ordinary physicians in the University Clinic of the Holy Ghost Hospital, Warsaw, Dr. Josef Drreweicki,\* went over publicly to homœopathy and proclaimed his

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\* *Homœopathic Messenger*, 1890, p. 294.

conversion by reading a public lecture on homœopathy in the town hall of Warsaw on the 13th of April, 1889; the profits of the lecture were assigned for the benefit of the agricultural colonies and of the almshouse for workmen. Dr. Drrewiecki exposed, in terms clear, concise, and comprehensible to every layman, the principles upon which homœopathy is founded, extolling the advantages of a science, where facts, founded upon the laws of nature are confirmed by experiment. The whole lecture is convincing, and proves how deeply the lecturer is imbued with the truth of his arguments. The manner in which Dr. Drrewiecki was converted to homœopathy shows us the influence exercised by teachers upon their pupils, and throws a light upon the reasons why our ranks are so rarely filled up by new forces from the youthful generation, a complaint which has grown frequent in the latter years in Europe and particularly in Germany.

Dr. Drrewiecki, as a student, was highly interested in the lectures of Professor Lutschkovitch, who was not popular among the other students; he was a true skeptic and looked at medical science from an objective point of view; he never finished a lecture without concluding with the words: "From all that has been said, gentlemen, you can draw the inference that we know nothing at all." The influence of this professor developed in Dr. Drrewiecki the faculty of analysis, it prevented him from accepting with blind faith the *verba magistri*, words of his teachers, and made him look with a critical eye at all the scientific material collected during the course of his medical education. After he had finished his studies and was called upon to take his place at the sick bed as an independent agent, he came to the conclusion that he had no other weapons for wrestling with disease than looking out for his remedies in a book of prescriptions, and he saw his comrades and colleagues proceed in the same way. Having received the appointment of an ordinary physician at the therapeutical clinic of the University, he came under the orders of Professor Lambl, and there he was a witness how the worthy Professor used only two remedies, which he prescribed against every illness: Decoct. Althæ and Inf. Chamomillæ; he also gained the experience that those patients who got the fewest drugs recovered in a shorter time than the others. At that time he continued still to be a vehement adversary of homœopathy, but his

prejudice received a first shock on seeing a case of Basedow's disease considerably improved by homœopathic treatment, and that in the course of a week, so that the symptoms of the heart were removed and the exophthalmus considerably relieved; he was also struck by a case of Bright's disease, declared incurable by a whole assembly of celebrities, and notwithstanding the sentence of death which had been pronounced, the patient recovered completely under the homœopathic treatment of the late Dr. Veniaffsky.

Such were the stimuli which made Dr. Drrewiecki turn to the study of homœopathy; the deeper he entered into the *pros* and *cons* of the question, the more he grew convinced of the truth of the principles upon which homœopathy is founded, and after having taken the opportunity of studying its practical advantages applied at the sick-bed in different foreign hospitals, his conversion was complete; and he stepped on the firm ground upon which he stands at present, thanks to the propitious ordination of Providence.\*

The activity of Dr. Drrewiecki in the propagation of homœopathy did not stop at his first lecture; on the 5th of February, 1891, he read a second lecture entitled: "What is the reigning opinion about homœopathy, and what is the place it occupies in the range of exact sciences?" The lecture was received with great sympathy by the public, but the same melancholy experience, which has so often been noticed in the records of homœopathy, was once more confirmed by the absence of those, who by vocation and duty, ought to have been the most interested in such a lecture; as none of the colleagues of Dr. Drrewiecki (to whom he had sent free tickets) found it necessary to be present, there were in all only three doctors, reporters of journals, and a very few students among the assembly. As to the daily papers, they kept to their usual custom of mixing up abuse with old trite jokes and silly arguments. Homœopathy is nevertheless daily gaining ground in Poland, notwithstanding the opposition of the Faculty and the sneers of the press. Dr. Drrewiecki intends, in the course of the year, to take a journey to two government towns, Kelzin and Petrokoff, and read public lectures there upon homœopathy for the benefit of the different charitable institutions.†

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\* Private letter of the 19-31, January, 1891.

† Private letter of February 24th, 1891.

Having just mentioned the lack of interest displayed by physicians for subjects which they ought to consider nearest at heart, and keeping equally in mind the reason which had given the first impulse to the conversion of Dr. Drzewiecki, the development of his analytical capacities through the influence of his skeptical professor, which proves the power exercised by teachers on the minds of the growing medical generation, we think it fit to give an example of the manner in which professors instruct their pupils in the subject of homœopathy.

In one of the considerable Russian universities, which is not far from celebrating its century, the Professor of Pharmacology, Dr. D., in the course of a historical sketch of his subject found it advisable to acquaint his students with some "truths" about homœopathy. Lack of space does not permit us to transcribe his whole lecture, but we will cite a few characteristic passages. In speaking of the reasons which caused the appearance of nihilists in the medical world, the Professor says: "In the 4th decennium of our century these 'renegades,' as well as the Rademacherists and homœopaths, attracted certain attention. The question how such 'monsters' could have sprung up in the bosom of medical science can only be answered by the fact that their apparition is identical with the time when chemical, physiological and anatomical studies were pursued with enforced zeal, and the study of separate organs required by the adepts of science; a small group of renegades, with Priessnitz, Rademacher and Hahnemann at their head, found these studies too difficult and troublesome, and declared, particularly Hahnemann, that the essence of disease lies in its symptoms, that these symptoms must be carefully observed, studied, and noted down, and then subdued by such remedies as have an action upon them. These remedies are however also causes of the illness" (he wishes to point at the experiments on human beings in a normal condition, but he avoids the real explanation); "it is thus that the disease is increased by these remedies and then finally expelled from the organism." The learned Professor of the nineteenth century resorts to the following illustration, to render the pack of lies and absurd nonsense which he preaches more tangible to his auditors: "This manner of proceeding," he says, "is equivalent to that of a cautious general, who tries to cover with the beat of the drum the fear of his soldiers at the sound of cannon shots, and by this means he cures their fear;

that is *similia similibus curantur*, or one nail drives out another. According to Hahnemann's system, the medicines must be given in very small doses ; the smaller the dose the stronger the effect ; the surface of the remedy has only to be enlarged. If a grain of mustard is taken whole it remains without effect, but if it is triturated, it acts upon the palate ; the same thing takes place with the drugs ; it follows, that a medicine diluted in water is more efficacious than if undiluted ; if one drop of medicine is diluted with twenty-nine drops of spirit, and a drop of this solution taken in a glass of water, its efficacy is increased, because its surface and its volume are enlarged. If one drop of the solution is mixed with one thousand drops of water and well shaken, the efficacy of the remedy is increased to enormous proportions. Hahnemann assures us that China creates an intermittent fever, but that is not true, as has been proved by several physicians, so that men of science have turned their backs on homœopathy. The cures made by homœopaths are founded on faith, on confidence of the patient in his doctor, and are nothing but cures made by nature." Further on he identifies homœopathy with the secret trade of Count Mattei, and says that both are nothing but mercantile speculations, and that all the works that have been published upon homœopathy are without sense and prove complete ignorance of the human organism. " Besides these propagators of ignorance," pursues Professor D., " we have yet to mention the followers of Rademacher," and the verdict pronounced by this learned propagator of wisdom is not more favorable to the disciples of Rademacher than to those of Hahnemann.\*

Is it admissible that a student gifted with a little common good sense should take upon himself to open a book upon homœopathy, after the Professor to whom he naturally looks up and whose words he is bound to believe, has represented homœopathy under the colors we have just described ? And that is exactly the aim which these gentlemen have in view ; their honorable behavior has gained its end here, as successfully as it has been attained by their European brethren with Virchow at their head. We hear complaints on all sides on the scarcity of homœopathic physicians ; the blank grows more perceptible as the number of those who require homœopathic treatment increases, and if, in those parts of the country where homœ-

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\* *Homœopathic Messenger*, 1889, p. 365.

had appealed without results to the allopaths or had been pronounced incurable by them, so that he has gained many enemies.

It is in the district of Cholmsk, Bishopric of Warsaw, that homœopathy has gained the most ground; of the four hundred priests who have parishes there, it can safely be said, without falling into any error, that every tenth or at the most every fifteenth man treats the sick people of his parish homœopathically. The greater number of the priests who practice homœopathy are emigrants from Galicia; after them come the priests from the other side of the Bug, whilst those who have been transferred from the interior of Russia are the least inclined towards homœopathy. In the course of last year the editor of a clerical journal, which appears in St. Petersburg and to which all the clergy are bound to subscribe, has sent as a supplement to his journal 50,000 copies of a pamphlet on homœopathy; we cannot say much in favor of the pamphlet itself, the manner in which the subject has been treated is far from satisfactory, but its publication has nevertheless attracted attention, and may have gained followers to homœopathy.\* According to the opinion expressed by W. Borowetz the common people prefer homœopathic treatment because they see its good results, without going to great expense.

He is now occupied in trying to awaken the interest of the village schoolmasters in homœopathic treatment, and he distributes gratuitously among them copies of Dr. Dericker's *Manual of Popular Medicine*; so far, he seems to be succeeding in his enterprise. A rich proprietor, Ebenberger, who lives on his estate of Radtsche, not far from the custom-house station of Dolgobischhoff on the Austrian frontier, has also an extensive homœopathic practice, and is con-

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\* This pamphlet, edited by the Society of the Followers of Homœopathy in St. Petersburg, was sent as a supplement to the *Clerical Journal* probably through the intercession of some friend of homœopathy, occupying a high position. This has excited the indignation of the *Vratch* (Physicians), a medical and most orthodox journal, edited by Professor Manasseïn in the same spirit of hatred against homœopathy, as professed by himself. In No. 19, p. 447, 1890, the liberty taken by the *Clerical Journal* is discussed in terms of high displeasure; particularly as it appears that some of the clergy had already begun to put into practice the precepts of the pamphlet. The *Journal* reproaches the Synod (Ministerial Department of Ecclesiastical Affairs) for interfering in a subject beyond its competence, and giving the permission of sending the pamphlet as a supplement to the *Clerical Journal*; it would be more appropriate for the Medical Board of Health to keep its eyes open and prevent the propagation of such mischief.

sulted not only by the common people, but by all the neighboring gentry.

In Warsaw and its neighborhood homœopathy is very popular among the lower classes, thanks to the exertions of the late Dr. Veniawsky; and the Jews in particular keep to homœopathic treatment and prefer it to any other.\* In the government of Moscow, in the manufacturing town of Serpoukhoff, which contains twenty thousand inhabitants, the allopathic apothecary is obliged to keep a constant supply of homœopathic medicines, as they are so often required. In the neighborhood of the town several of the gentry occupy themselves with homœopathy, have an extensive practice and obtain excellent results, particularly by the treatment of patients who have been dismissed from the town hospital either as cured or incurable. At one of the cloth mills belonging to a rich merchant, a *Feldscher* † (doctor's assistant), who had finished his studies in the surgical school at Moscow, Dr. Ostrihoff, who holds an appointment at the hospital of the mill, has taken up the study of homœopathy, having been supplied with books by a neighboring proprietor; he has brought it so far that he has induced the master of the mill to get him a case of homœopathic remedies, and he has begun since August, 1890, to treat his patients in the hospital homœopathically and to prescribe for out-patients. There are therefore in the district of Serpoukhoff three places where the sick people are treated homœopathically: at the cloth mill and at the houses of two proprietors.‡ Another curious circumstance, which nevertheless shows in favor of homœopathy, is the traffic which small shop-keepers in the government of Moscow carry on with homœopathic remedies; these shop-keepers (called *kulaky*), turn to their own advantage the ignorant confidence of the peasants, who willingly return to any medicine from which they have once obtained relief, selling the remedies at enormous prices and taking upon themselves the treatment of the people under the plea that they are the sole possessors of these drugs; and it is a fact that they find purchasers. This can only happen in such places which are far away from those where the peasants are already acquainted with the results of homœopathy, and where the medicines are given without payment. Great dis-

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\* Letter of Apothecary Frantzy, in Warschau, of December 23, 1890.

† A lower grade of the medical staff, equivalent to the French *officier de sant  *.

‡ Letters of December 23, 1890, and March 2, 1891.



tances and the high costs of travelling are the causes of such occurrences.\*

In the government of Nishny-Novgorod, in the district of Loukojanov, five proprietors occupying a good social position, practice homœopathy with great success, but in the town of Nishny-Novgorod itself homœopathy has died away since the departure in 1863 of the author of this report, who left for Moscow after the closing of the hospital of the imperial domains.†

In Kieff and its neighborhood, and in the adjoining governments, the position of homœopathy is about the same as in other parts; there are a great many laymen who practice in the little district towns and villages, and in some parishes the priests have taken the homœopathic practice into their own hands; the poorer classes both in towns and villages resort willingly to homœopathy. The followers of homœopathy increase notwithstanding the attacks of the medical faculty, which never misses the opportunity of raising barriers against every measure in favor of it, and it is also to be noticed that every new attack of the medical faculty brings fresh friends to homœopathy.‡

In Odessa, in the governments of Cherson and Ekaterinoslav, and in Taurida, there is the same scarcity of homœopathic physicians, but homœopathy is very popular in the German colonies of the latter governments; in the government of Ekaterinoslav Dr. Skaritin practices homœopathy in his own estate and relieves the sick people in the surrounding villages.§ Before we go any further in our account of the propagation of homœopathy we must stop once more at the obstacles thrown in its way by the representatives of the orthodox school. These attacks are never directed against the public in general, whose opinions for or against the movement remain undecided, but they turn against societies, which being supported by the government, have the power of introducing reforms, which may be the death of old and worm-eaten institutions. It is natural that on such occasions the official school rises in arms with particular energy, because as soon as homœopathy obtains a firm standing in

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\* Letter from the homœopathic apothecary in Moscow, of the 5th of January, 1891.

† Letter of the 2d of March, 1891.

‡ Letter from the homœopathic apothecary in Kieff, of December, 18, 1890.

§ Letter from the homœopathic apothecary in Odessa, October 8, 1890.

the zemstvo country states or local administration of the districts, it will step into official life, and that is the axe which will strike the rotten stem of the national school. It is therefore a battle for life which is to be fought with every weapon at hand; it cannot be otherwise. The zemstvo, country-states of Novgorod Severok, a district of the government of Tchernigoff,\* having taken into consideration the wish, expressed by the inhabitants of the district that homœopathic treatment should be introduced, decided in a session held in 1886 to apply for advice to the medical faculties of Charkoff and Kieff.

The good people were too simple-minded to perceive that such an appeal was equivalent to handing a knife or a pistol to a murderer. Naturally both faculties expressed their opinions in a condemnatory tone; it would have been just as easy to wash a negro white as to expect any other result. We do not know in what terms the faculty of Charkoff expressed its disapproval, as its answer has not been published; the faculty of Kieff, on the contrary, published its declaration against homœopathy in the *Kieff University News* for December, 1886, and it was reprinted in the *Kievlania*, No. 9, 1887. This declaration is worded in the same terms as all the papers that have been published by the official school against homœopathy; it contains nothing but generalities and absurd assertions, which have been repeated a thousand times and are exactly in the same style as the lecture of Dr. D. The following is extracted from this paper: "The action of homœopathic remedies is null. Homœopathy is a curative system with poisonous drugs, so that cases of poisoning may occur in consequence of homœopathic treatment." (We admire the consistency of these two judgments). "The greater part of homœopaths are laymen. They sometimes attain satisfactory results, but those are cures made by nature. The inefficiency of homœopathic remedies is the cause why all the hospitals that have been entrusted to homœopaths through the protection of influential persons have been closed, as the sick people refused to be treated in these hospitals. These are the reasons why the zemstvo, or country states, being administrative institutions created by the government, are bound to keep in eye the welfare of the people, and must put aside every thought of introducing homœopathy as the reigning method of

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\* Official communication of the 27th of November, 1890, No. 3701.

treatment." Such is the substance of this paper; it is a testimonium paupertatis to Professors Loesch, Tschkorsky and Geibel, and to the whole faculty in whose name they have signed it. The Kievlianin in his report lays a particular stress upon the unanimity of the whole medical faculty.

In consequence of this declaration, and also in accordance with the law which requires that homœopathic treatment should be entrusted only to physicians, the assembly of the country states could not grant any official position to homœopathy, and there being no physician at hand, the question was left open. Such an attack could of course not remain unnoticed by the Russian homœopaths, and the Society of the Petersburg Homœopathic Physicians sent on the 21st of March, 1887, a protest signed by all its members to be inserted in the Kievlianin.

A layman, a Mr. Fedoroffsky, whose acquaintance we will make later on, added a pamphlet which he had published under the title: "Before the Public Court of Justice," in which he takes the part of homœopathy with great energy and dignity, and condemns in severe terms the ignorance of the faculty. The protest of the whole society was followed by separate refutations written by Drs. Brasol, Solian-sky (assumed name), and Gabrilovitch.\* The aim of these refutations was an attempt to open the blinded eyes of the faculty to its ignorance and arrogance. They are written partly in a dignified, measured and scientific tone; partly with a touch of malice and sarcasm. The consequence was, that the faculty calmed down, and, as is generally the case, subsided into cautious silence. Such a mode of proceeding is in every respect most practical. The intrigues of those learned gentlemen had already attained their aim, and they also know that it is in their power to raise further barriers against homœopathy; neither are they particular as to the means they employ; the absurdest and the shadiest are equally welcome.

Homœopathy has had no better luck in the districts of Glukhoff and Ostjer, in the government of Tchernigoff, where the zemstvo or country states had voted in its favor some years ago. In the district of Glukhoff a few cases with homœopathic medicines pass from hand to hand in the district, and are occasionally used.† In the district

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\* *Homœopathic Messenger*, 1887, p. 256 and following.

† Official Communication of February 12, 1891, No. 2530.

of Ostjer, a justice of the peace, Mr. Drak, exerted himself very seriously in favor of homœopathy; he distributed cases with medicine to different persons, but only one priest—Burnovsky—practiced homœopathy with success; all the other people who had been entrusted with the homœopathic treatment proved incompetent, and notwithstanding the zeal of Mr. Drak, he did not succeed in his attempts of giving homœopathy a secure footing in the district; there were no physicians to take the treatment in hand or to assert the superiority of homœopathic treatment, so that it had to be given up as a failure.\* The same thing has happened in the district of Spask in the government of Karan, where homœopathy had gained a standing in 1870, and where, as has been recently communicated to us, it is now quite forgotten after the deaths of the followers who had worked in its cause. Such failures are brought on by the scarcity of homœopathic physicians, and are the results of the lessons of those men of science who misrepresent homœopathy to their pupils, and distort it in the manner of which so many examples have been given. The most evident proof that homœopathy steadily continues to gain ground; notwithstanding the assaults and the calumnies of its enemies, are the homœopathic pharmacies which daily increase in number. Here the principal agent is capital with its brutal claims; it has nothing to do with the ideal coloring given to the progress of homœopathy, such as faith, confidence of the patient in his doctor, cures made by nature, etc.; these attributes are of no account when the sober spirit of commercial speculation is the motive power. The second pharmacy in Moscow has been opened under particularly auspicious conditions.

The apothecary, F. Wargner, who then held an appointment as an assistant at an allopathic pharmacy, fell ill in February, 1884, with typhlitis, which turned to peritonitis after the administration of castor oil. During the allopathic treatment, which continued a whole year, he had seven relapses, so that having lost both strength and patience, he turned to homœopathy; after two months' homœopathic treatment he recovered completely; this induced him to go to Leipzig to study homœopathic pharmaceuticals, and after his return to Russia he presented a petition to the government to obtain the

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\* Official Communication of December 12, 1890, No. 2530.—*Transactions of the American Institute of Homœopathy*, 1889, p. 108.

right of opening a second homœopathic pharmacy in Moscow. A whole year elapsed before the board of health made up its mind to grant the concession; it seems to have been a case of protracted labor! The concession was given at last, and the pharmacy opened on the 5th of September, 1887. The first year 3720 prescriptions were dispensed, and medicines sold by retail for 4263 roubles, representing a capital in circulation of 5857 roubles; the next year the prescriptions increased to 4404, and the whole receipt was 6857 roubles; the third year, 1890, the number of prescriptions and the sales by retail had increased by one-third.\* In the same year, October, 1887, the Apothecary Lœvy, who had served as an assistant in the Central Pharmacy of Flemming in St. Petersburg, opened a pharmacy in Odessa; he was assisted by the Governor-General Roop, who insisted on the urgent necessity of opening a homœopathic pharmacy in Odessa, and thanks to his intercession, the permission was very promptly obtained from the Minister of the Interior, and the pharmacy opened on the 13th October of the same year. The circumstances under which Apothecary Lœvy started his business are so peculiar that they are worthy of notice, and prove in the most evident manner how easily homœopathy can be propagated among the public; and if historical facts show, on the contrary, that its progress is slow, this can only be ascribed to the machinations, intrigues and artificial barriers raised by the medical faculties and the representatives of the official school.

At the time when the pharmacy was opened in Odessa there was only one homœopathic physician, Dr. Raievsky, resident in Odessa; although a learned and skilful physician and highly cultivated man, he was too advanced in years to attend to a large practice. Lœvy took upon himself the task of enlightening the purchasers who came for medicines to the pharmacy; he explained to them that castor oil and other drugs can only be injurious, and proposed that they should try some innocent homœopathic remedies. Well acquainted himself with pharmacology, he soon succeeded in healing several sick people; his successful treatment became known in more extensive circles, and the number of his patients increased, so that he became the head of a regular Poliklinik, which was also visited by patients of the higher classes, particularly by those who

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\* Letters of the 27th October, 1890, and of the 12th April, 1891.



had resorted in vain to allopathic treatment; among the latter was the Mayor of Odessa, Chamberlain and Privy Councillor Mavasly (a Greek by birth), who had been suffering from iritis for the last ten years; notwithstanding continual allopathic treatment he could not get cured, and suffered from frequent relapses of the disease. Loevy succeeded in curing him completely (a whole year has passed without any relapse). This cure caused a great sensation and induced the General-Governor, Roop, and Bishop Nikanor\* to turn to homœopathy. The cured patient has opened the prospect of founding a homœopathic hospital at his own cost. In August, 1890, after Leovy had kept up homœopathy without the assistance of any physician for two years and a half, one of the sons of the writer of this paper settled in Odessa as a homœopathic physician, on his return from abroad, and a few months later he has been joined by a Dr. Rshanitsin, so that at present there are two homœopathic doctors practicing in Odessa. Notwithstanding the short existence of the pharmacy, the capital in circulation last year rose to 18,000 roubles, and from August, 1890, to January, 1891, 4900 medical prescriptions were dispensed.†

A few months later another central homœopathic pharmacy was opened in Kieff, by Ladislas Lepkovsky; he had to wait eight months till the permission was granted; the second year after the pharmacy had been opened 5000 prescriptions were dispensed and a capital of 3154 roubles was in circulation. Two homœopathic physicians practice now in Kieff, Dr. Hohnberg and Dr. Nadeshin.

The pharmacy founded in Warsaw in 1868 ‡ belonging to Apothecary Frantzky, began its existence with a capital in circulation of 4000 roubles; little by little the sum rose to 8000 roubles, the number of the prescriptions increased in the same proportion and in the last five years have risen from 3000 to 6000. The same can be said of the pharmacy in Vilna. In White Russia, that is to say in the Western governments, on the confines of Poland and Austria, there are two homœopathic pharmacies, one in Kovno, the other in Shavlig, a very populous district town of the government of Kovno. Notwithstanding my having thrice written for information to both places, the apothecary of Shavlig alone has answered my letter; he

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\* Died in December, 1890.

† Private letter.

‡ Bojanus, *History of Homœopathy in Russia*, p. 124.

says that the extension of homœopathy in the district is enormous, that the only evil is the want of homœopathic physicians. His letter is full of lamentations on the subject, but he gives no statistical data about his business. The apothecary in Kovno has not answered at all. I have been informed from good authority that the apothecaries in those parts of the country and in Poland do not care, out of commercial considerations, to give statistical data about their business, and if they do so, they only acknowledge half of their receipts, out of fear that anybody should find it tempting to open a second pharmacy, and the competition prove inconvenient and disadvantageous to them.

Although a second pharmacy has been opened in St. Petersburg by the Society of the Followers of Homœopathy, the central pharmacy founded in St. Petersburg in 1834 shows in the last five years an increase from 10,000 to 18,000 prescriptions and a capital in circulation of from 36,000 to 40,000 roubles yearly. The pharmacy of the Society of the Followers of Homœopathy, opened in 1881, therefore less than ten years ago, shows last year an increase from 12,000 to 14,000 prescriptions and a capital of 29,000 roubles in circulation. The homœopathic central pharmacy in Moscow had to suffer from the bad state of health of its proprietor during the latter years of his life; it was entrusted to the care of a superintendent, who neglected the business so far, that the physicians and even the public lost faith in the quality of the remedies, and the proprietor suffered considerable loss on this account. Although the present proprietor, son of the deceased, has made new and suitable arrangements and placed at the head of the business a clever and conscientious superintendent, who tried to repair the neglect of his predecessor, the prescriptions had gone down in the last five years to 9000, with a capital in circulation of 6000 roubles; in the last two years the prescriptions have increased to 10,000 or 12,000, and the capital in circulation to 7000 roubles. We must also take in consideration the fact that the new pharmacy of Wagner has abated 16 to 20 per cent. from the price of the medicines.\*

The pharmacy which has existed in Riga for thirty years, and has been founded by eleven allopathic pharmacutists, is under the superintendence of Mr. Arthur Jenger. The decrease of homœ-

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\* Private letter of January 5, 1891.

opathic physicians has acted so far, that since 1886 the medical prescriptions have gone down from 16,000 to 9000 and the capital in circulation from 7000 to 5000 roubles, but the sale by retail of homœopathic remedies, and the orders from the interior of the provinces have not diminished in the least.\*

Although the above stated facts prove that the scarcity of homœopathic physicians has led to negative results in the progress of homœopathy, we have the inward consolation that such failures are not brought on by any mistakes on our part, but are owing to the intrigues of our foes; for we cannot but see in the most evident manner, that homœopathy has become, so to say, a public necessity—this may be certified not only by the considerable number of pharmacies that have lately been opened, but also by the new societies which are founded. Two new homœopathic societies have sprung to life lately, one in Kieff, under the name of the "Society of the Followers of Homœopathy," and another in Odessa, under the same name, both active in the behalf of homœopathy; there is the prospect of two other societies being soon founded, one in Charkoff † the other in Warsaw.‡

There are at present four societies acting in the interests of homœopathy. As the two oldest have already been mentioned in former reports, we will give a few details about the other two. The foundation of the Kieff Society is particularly interesting by the effect it produced on the Medical Faculty of Kieff. This society has not been founded by a group of enthusiasts, idealists and spirit-rappers, as our foes would willingly assert; it has sprung, so to say, from the camp of our adversaries, from the incapacity of the official school to cure diseases. A layman, Mr. Nicolas Fedoroffsky, had suffered for many years from a serious illness, and had sought relief in vain from all the celebrities of the official school. He became accidentally acquainted with homœopathy, at first theoretically and later on he was completely cured by homœopathy. He grew anxious to extend to others the benefits he had reaped. He began to treat his acquaintance homœopathically, and to relieve those who like himself had sought recovery in vain from the allopathic school, and

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\* Private letter of March 21, 1891.

† Letter from Mr. Fedoroffsky in Kieff of 17th February, 1890.

‡ *Homœopathic Messenger*, 1889, p. 552. *The Homœopathic Physician*, p. 128. Communication of Mr. Dolinsky Vilna.



he attained splendid results. Not finding his own exertions sufficient to carry out his plan of relieving the helpless condition of the peasants and extending the benefits of homœopathy to them, he decided on founding a society; but at first he wrote a pamphlet about "the sanitary condition of the people," which he printed in several thousand copies and sent to the zemstvo or country states of different governments. A fact to be noticed is, that during a journey which he took in the south of Russia in 1888, he gained the information that several thousand copies of his pamphlet had never reached their destination, and had disappeared without leaving any traces. Could such a thing have happened without the knowledge and assistance of persons devoted to the cause of "science?" Children alone can accept fairy tales as truths. Fedoroffsky collected members among the patients he had cured, and they were the founders of the society; its statutes were ratified by the ministry, and the society opened on the 17th of October, 1889. It is useless to transmit the statutes, which are the same as in other societies. The aim proposed was the foundation of a hospital and dispensary in which relief was to be given to the poor gratuitously. On the 1st of January, 1891, the society counted 5 honorary members, 21 founders and 85 actual members. The funds of the society are limited till now to the voluntary contributions of the members; later on they will be increased from other sources, such as concerts and the like. On the 9th of November, 1890, the poliklinik was opened, but so far we have received no communications as to the results of its activity. The whole event excited a feverish agitation among the Kieff Medical Faculty; it broke out through the medium of a Mr. Rodzajevsky, who, being only a simple lecturer, gives himself the unheard of title of Assistant of the Professor's Chair of Pharmacology. We have every reason to suppose that this gentleman stands in close connection with the faculty, the more so that we have already seen a similar champion—Mr. Goldstein—step forth as an opponent at the lectures of Dr. Brasol.\* There is no doubt that a spiritual relationship exists between them, as the new champion openly refers to the authority of Tickel and Goldstein. As soon as the advertisement of the new society appeared in the local papers,

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\* *Journal of the Berlin Society of Homœopathic Physicians*, vol. viii., 1889, p. 222 and following.

the above-named assistant of a "professor's chair" inserted a series of articles in the *Kievlianin*. These articles prove nothing more but that the author is a youthful aspirant to future academical honors, and sees the necessity of being obliging and flexible to his superiors in rank; he has, therefore, spared no pains, and has apparently devoted considerable time and trouble to the study of several works on homœopathy; he adapts the knowledge thus acquired to his own aims, and snatches out of the whole such quotations as are most suitable to serve his purpose.

The substance of his articles are assertions such as follow: "The granules" (as he calls globules) "are expensive patent remedies. Homœopathy is the empiricism of ignorance and quackery. Homœopaths are afraid of entering honestly into open debates"—and this is said by the learned assistant of a professor's chair in the same breath in which he mentions the lectures of Dr. Brasol. "The whole dispute concerning homœopathy might be settled by a committee chosen among the followers and opponents of homœopathy. Homœopaths have no idea of physiology or pathological anatomy." He cites several detached phrases taken from the pharmacodynamics of Dr. Hughes, and twists them so that they may appear to those who are not versed in the question as contradictions or ignorance.

He promises a critical demonstration of the "neural analyses" of Jäger. He places himself on the standpoint of causality, which he considers as the basis of medical practice. We will give the following example of the notions about homœopathy and similia, elaborated by the clever brain of this assistant of a professor's chair, in harness and expounded with the object of attaining his honorable aim. He takes in hand Muller's *Homœopathic Domestic Physician*, and opening it at the article: Poisoning with Atropin, he exclaims: "We ought to expect that according to the law of similia, Atropin in the fifteenth or thirtieth dilution would cure the case, but we see that the author proceeds in the usual scientific way and gives antidotes." This is put down as a proof of the absurdity of homœopaths who, denying causality, act according to its precepts. He is not ashamed to make such an assertion publicly and to put it in black and white; one must really be blinded by the aim one pursues to have the courage of appearing in the light in which the author reveals his moral character by his absurd and barefaced misrepresentations. He asserts that he is ready to enter into any public debate and prove

that homœopathy is nothing but a delusion of the brain, and yet when Dr. Brasol invited him to appear as an opponent to his fourth lecture: "On the Position of Homœopathy in the Range of Experimental Sciences," he gave the answer in the *Kievlianin*, No. 48, of the 27th of February, 1890, that the invitation had come too late, and that he, as an assistant of a professor's chair, therefore holding an appointment under government, was too much occupied to have the leisure or the particular wish to make a journey of one thousand miles to be regaled with some thin gruel, which he could take at home more comfortably, meaning that he could read the report of the lecture when published.\* Mr. Fedoroffsky answered these attacks by a series of articles, in which he demonstrated the substance of homœopathy and the truth of the principles upon which it is founded; they were inserted in the *Kievskoye Slovo* (The Keiff Word). The same journal inserted the answer of Dr. Brasol; it is worded in moderate terms, but exposes unmercifully all the malevolent falsifications and assertions founded on the ignorance of the Assistant of the Professor's chair; he proves that all the citations from the *Pharmacodynamics* of Dr. Hughes are grossly misconstrued; as to the accusation that homœopathsists know nothing of physiology and pathological anatomy, it is contradicted by the work of Dr. Hughes which contains a good deal and perhaps a little too much of both sciences, so that one is led to suppose that his antagonist is incapable of understanding, or has wilfully misunderstood what is written in Dr. Hughes' book. Dr. Brasol says that the learned Assistant, as well as all other antagonists of homœopathy, usually attack its dogmatic and philosophical side, without considering that this side is apt to alter under the influence of time and progress; they never touch at the experimental side, founded on facts, because nobody has yet succeeded in unsettling its foundation, and the Assistant of the Professor's chair less than anybody else. As to the reproach addressed personally to Dr. Brasol, that he has given a false assertion in saying that allopaths have no leading maxim to guide them in their therapeutic proceedings, Dr. Brasol refutes it, by citing the words of authorities such as Leube, Wunderlich, and others, who affirm the same and gives the advice that his belligerent antagonist should make himself thoroughly acquainted with a question before he takes upon

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\* *Kievlianin*, 1889, Nos. 245, 253, 254, 255 and 1890, No. 48.

himself to dispute its veracity (*Kievskoye Slovo*, 21st February, 1890, No. 894). The refutation of Dr. Gabrilovitch was inserted in the *Homœopathic Messenger*.\* Both articles prove in the most evident and clearest manner the incompetence of the Assistant of the Professor's chair, his ignorance and his dishonesty. Dr. Gabrilovitch has taken particular pains to point out, how every quotation of Dr. Hughes' work has been wilfully misconstrued and distorted in such a manner as to serve the foul aims of the reporter; the article is written in very select language, politely worded, strongly sprinkled with satire, so that the "science" and the "logical consistency" of the Assistant of the Professor's chair is shown in its true light. Some time after the society had been opened, a meeting of allopathic doctors took place, in which homœopathy was attacked in the most insulting manner; coarse jokes and stupid sallies were served up in abundance, and the grossest ignorance displayed by the learned assembly; it was decided finally to compose a pamphlet against homœopathy, to print it in several thousand copies, and to send the pamphlet to the different zemstvo or country states in Russia to warn them against homœopathy. The learned Assistant of the Professor's chair gives the same advice in one of his articles in the *Kievlianin*, to which Dr. Brasol answers, that he rejoices at the idea of writing a critical analysis of this pamphlet, publishing the same quantity of copies, and sending them to the same zemstvo or country states for inspection and instruction. Till now, as far as we know, this promise has not been fulfilled, and we are still in expectation of the future attacks of the clever assistant and of the formidable Areopagus.

The youngest of the homœopathië societies, the one in Odessa, has begun its existence without calling forth any stormy manifestations; it was formed in October, 1890. The statutes were drawn up and sent to the Ministry, where they were ratified on the 26th of December, 1890. The founders were: Archbishop Nikanor,† General of Infantry Roop, the Mayor of Odessa, Chamberlain and Privy Councillor Marasly, General of the Staff, Commander of the Eighth Army Corps, Count Rostofftzeff, Chief of the Artillery, General Teploff, General Strandtmanos, the Greek Consul-General Vutchina, State Councillor Cuzkoffsky, the President of the Commercial Court

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\* *Homœopathic Messenger*, 1890, p. 90 and fol.

† Since dead.



of Justice Vitch, the Assistant of the Mayor Ligin, the members of the Town-council, Mintschjaky, Chars, Tchishevitch, and Drs. Bojanus Senior, and Brasol.

The *Moscow Gazette* of the 13-25 April, 1891, has brought us the news reprinted from the *New Russian Telegraph*, that the first meeting of the society had taken place on the 6-18 April, 1891. The Mayor Marasli was chosen Chairman of assembly, and Count Rostofftzeff Secretary. After the statutes and the ratification of the Ministry had been read aloud they proceeded to the election of the President and of the official members. General-Lieutenant Teploff was elected President of the Society, Drs. Wagner, Kovalsky and Bjosoffsky members of the Committee of Administration, Dr. C. Bojanus, Secretary, and Apothecary J. Loevy, Treasurer; Messrs. Vutchina and Shishkin candidates to the members of the Committee of Administration. At the end of the meeting the Mayor of Odessa announced his intention of founding a homœopathic hospital.

The Society of the Followers of Homœopathy in St. Petersburg, founded in 1881, has a considerable fund at its disposal; a large sum had been first given to the Society by several engineers, the fund had been increased by offerings from different persons, occupying a high social position, so that on the 1st of January, 1891, the capital amounted to 108,500 roubles. The Society has in view the building of a hospital in the name and memory of the late Emperor Alexander II. A piece of land 7500 square sajenes (one sajene is seven feet), has been granted by Imperial order to erect the hospital. This Society is therefore financially the richest of all, and has the means at its disposal to realize its plans. We extract the following data from an annual report for the year 1890, published in the *Novosty* (News), of the 1st of April, 1891, No. 91:

The society numbers 633 members, of whom 14 are honorary members, 56 founders and 563 actual members. The activity of the society during the last and former years has been principally devoted to the pharmacy, to the publication of popular pamphlets about homœopathy, and to the poliklinik, which bears the name of the klinik of the Archangel Michael, and has been established since the foundation of the society. The pharmacy had a capital of 27,000 roubles in circulation during the last year; the poliklinik had been visited by about 20,000 patients; 7414 medical visits have been made to poor patients, and medicines gratuitously dispensed to the

amount of 2232 roubles. A sum of 3500 roubles has been spent on publications. One of these pamphlets, "A Short Instruction About Homœopathy and a Guide to Give Relief in the Absence of a Physician," has been published in 50,000 copies, out of which 41,000 copies have been sent to the most distant parts of Russia as supplements to official journals. The society has not published till now any reports about the cases under treatment and their therapeutic results.

The oldest society, that of the homœopathic physicians in St. Petersburg, founded in 1868, is financially poor; its annual session took place on the 29th March of this year in the town-hall of St. Petersburg. As the day of the meeting had fallen on Hahnemann's birth-day, 29th of March—10th of April,\* Dr. Brasol profited by this coincidence to point out the incalculable benefits which Hahnemann has conferred on suffering humanity by his thorough reform of medical science, which up to that time had resorted to more or less barbarous modes of treatment. After that, the chairman and secretary of the Assembly were elected; Senator Mavkonitch was chosen chairman, and Mr. Amenkoff secretary. The annual report shows that the funds of the society only amount to the modest sum of 4050 roubles; the society numbers 158 members, of whom 58 are honorary, 28 actual and 72 auxiliary.

Dr. Brasol then addressed the assembly again, and pointed to the fact that the funds of the society were insufficient for attaining its aim of founding a homœopathic stationary hospital; he therefore proposed to form a ladies' committee, which should take upon itself the duty of collecting the necessary pecuniary means for the building of a hospital. The proposition was accepted unanimously, and the ladies, A. K. Kakhoffsky, M. K. Carpentier, O. C. Klokoff, O. C. Volkoff and O. A. Teploff, declared themselves willing to become active members of this committee. At the end of the session the Minister of the Interior, Durnovo, was elected honorary member. The therapeutic results of the poliklinik have not yet been published.

The oldest societies have naturally the most material for the statistics of the polikliniks. In Warsaw there is a poliklinik belong-

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\* *Novoe Vremia* (New Time), 31st of March—12th of April, 1891. No. 5419. *Luin Otetchestra* (son of the Fatherland), 30th of March—11th of April, 1891. *Navosti* (The News), 30th of March—11th of April, 1891. No. 89.

ing to Dr. Kutchinsky, but it is a private institution, and the number of the patients limited.

Therefore we have on our list 4 polikliniks for a population of about 100,000,000 inhabitants!

However, the patients increase every year in the polikliniks; in the accounts of the Society of Homœopathic physicians, we see that the poliklinik was visited by 3241 patients from the 1st of October, 1887, to the 1st of October, 1888; in the following year, from the 1st of October) 1888, to the 1st of October, 1889, 4489 patients had visited the dispensary.\*

In the poliklinik of Dr. Kutchinsky, 800 to 900 patients are treated yearly. We have yet to mention a private sanitary establishment founded on the 1st of June, 1890, by Dr. v. Dittmann, for the treatment of consumption. It is situated not far from Petersburg on the Helsingfors railway line, at a place called Halila.

Another event similar to the assault of the Kieff "Assistant of a Professor's Chair," and worthy of him in every respect, took place some time ago, namely a public lecture against homœopathy with opponents who entered into debates with the lecturer; it was the first time that such an occurrence took place in Russia; its object was to prove that homœopathy is an absurdity, or as the title says: "Homœopathy as a Doctrine and an Error." This lecture was read in St. Petersburg on the 20th of December, 1890, by a certain Dr. Carrick, who had formerly held an appointment at the English Embassy; it took place in the well-filled auditory of the Pedagogical Museum. The following theses served as a basis to the lecture:

1. Hahnemanp's theory of *similia similibus curantur*—analogous cures analogous—does not stand the test, and is not confirmed either by experiments or observations at the sick bed.

2. The results of treatment with infinitesimal doses—that is to say with homœopathic remedies—or by olfaction of the drugs, are equivalent to the absence of treatment.

3. Hahnemann's psora theory as a foundation of most chronic diseases is false and remains unproved.

4. The efficacy of drugs by dilution and shaking is diminished, and not increased as Hahnemann affirms.

5. None of the theses set up by Hahnemann can be raised to the importance of a law.

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\* *Homœopathic Messenger*, 1887, p. 970, and *Homœopathic Messenger*, 1889, p. 556.

The publication of the report about the lecture and the stenographic account of the debates had been put off till the middle of April, in the expectation that Dr. Carrick would fulfil his promise of publishing his lecture. The *Homœopathic Physician*\* in its number for January, informed its readers that the details of Dr. Carrick's lecture "Homœopathy as a Doctrine and an Error," in which he has made a caricature of homœopathy, will be published in the number for February, but it was not till March that one part of the stenographic account was published, with a note from the editor explaining that these documents had to be printed without the lecture itself, as Dr. Carrick had not yet issued it and refused to give up his publisher's right, so that the publication of this remarkable production can hardly be expected. The *Homœopathic Messenger* in its last number for December, 1890, says that the lecture of Dr. Carrick is one of the most untalented and trivial libels amongst the productions of that class of literature. The lecture is entirely devoid of any importance, and is a compilation of former libels and worn-out sentences. We have inserted this remark to show the reader what he has to expect from the lecture. It is easy to reconstruct the whole lecture by the answers of the opponents, and particularly by the refutation of Dr. Brasol; want of space will not permit us to reproduce the whole debates, which fill several printed sheets, nor will it be possible to transmit the speeches with which the President of the Pedagogical Museum opened and closed the Assembly; we will extract as much as is necessary to acquaint the reader with the import and object of the proceeding.

Dr. Brasol, in the beginning of his refutation, points out to the lecturer that he has misconstrued the words of Hahnemann, who speaks of the action of China upon *himself*, and lays a particular stress upon the fact that China, taken by him when he was in good health, had called forth an intermittent fever, peculiar to *his* constitution. This led to a comical incident, as Dr. Brasol insisted that the lecturer should name the work from which the quotation had been taken. Dr. Carrick answered that he did not remember from where he had taken it, that he had read his lecture from a manu-

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\* The *Homœopathic Physician* (*Vratch Homœopat*) is a journal published in St. Petersburg since 1891, instead of the *Homœopathic Messenger* (*Homœopatichesky Vestnik*).



script, and had left it in another room during the interval between the end of the lecture and the beginning of the debates. He was then asked to produce the manuscript, and was absent so long that it seemed as if he had followed the example of the brave opponents at the fourth lecture of Dr. Brasol, who had quietly slipped away; he returned however to the auditory, and was obliged to avow that the quotation had not been taken from Hahnemann's works, but had been transcribed from the work of one of his antagonists: *Therapeutics of the Present Period*, by Dr. Rogers.

Never straying out of the bounds of Dr. Carrick's lecture, Dr. Brasol went on refuting one after another of his arguments, proving to him in the minutest and most palpable manner that he had no clear conception of the subject which he had undertaken to discuss, and that his position, even amongst the antagonists of homœopathy, would remain secondary and insignificant. If the cleverest adversaries had been incapable of destroying the foundations of homœopathy there was little chance of his succeeding; his attacks would only fall back upon himself and make him appear in a very dubious light. He has overlooked the fact, that he, as well as his predecessors, whose example he is following, and whose words he is repeating, only attack the theoretical side of homœopathy, which is apt to alter under the influence of time and progress; to destroy its practical and experimental side is an attempt that could only proceed from the brain of some original who is beyond common sense. A copy of such an original will only appear ridiculous and laughable. If Dr. Carrick had succeeded in fulfilling his task he would certainly have been counted among the most celebrated men of his period.

Dr. Brasol opposes the following anti-theses to the theses stated by Dr. Carrick:

1. The law laid down by Hahnemann, *similia similibus curantur*, analogous cures analogous, is absolutely confirmed by physiological experiments and by observations at the sick-bed; further, the experimental principle of the action of drugs and of the pharmacology of Hahnemann founded on this principle are undisputable; it has been controlled by repeated experiments, and the latest researches have proved its thorough competence.

2. The results of treatment with infinitesimal doses after the principles of homœopathy are not to be compared with those attained by the absence of treatment; homœopathic treatment is active, not passive.

3. The psora theory of Hahnemann as a foundation of the greater part of chronic diseases, does not belong to homœopathy, being a pathological theory, but may serve as a practical guide in the treatment of some chronic diseases.

4. The action of a drug does not solely depend upon its physical and chemical properties, but also upon its molecular condition. Its physical and chemical power may be diminished by dilution and its dynamical or molecular power increased.

The refutation of Dr. V. Dittmann was very calm and measured; he began by pointing out that the practical side of homœopathy had attracted its followers for nearly a century, and it is, thanks to its practical advantages, that homœopathy still continues to gain ground, to extend, and to acquire a steady position, notwithstanding the persecution of its foes. He gives the statistic data of several hospitals, and mentions the fact that there are no allopathic physicians in those parts of America where the yellow fever reigns, as has been publicly communicated by the American physicians who came to the Congress held in London in 1881.\* As a proof of the efficacy of infinitesimal doses he quotes certain facts taken from chemistry and physics, the observations of Darwin about *Drosophila*, and the tubercle bacilli which act in such a fearful manner and can only be seen by a magnifying glass which enlarges them by a thousand lines.

Dr. Carrick in his answer to the opponents takes the part of an innocent victim at whom one mass of undeserved accusations have been cast; he protests that all the objections of his adversaries are false, and that therefore *his* assertions retain the same weight after the debates as they had before: Hahnemann remains a trader of secret remedies; China does not produce any intermittent fever—a fact he has personally ascertained at a China-fabrik in Milan, where the workmen were all free from intermittent fever, whilst all the inhabitants in the neighborhood suffered from it;† it is a fact confirmed by many celebrities. He does not understand the signification of his antagonist's phrase that molecular power can increase.‡ The statistics given by Dr. Brasol are incorrect. Arsenic has no connection with cholera. The statistics of the homœopathic treat-

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\* This statement is given *verbatim* from the manuscript. It is evidently a misunderstanding of the facts on the part of Dr. Dittmann.—EDITOR.

† His knowledge seems as light as a feather, his comprehension as heavy as lead!

‡ What a profound knowledge and clear comprehension of homœopathy!

ment of the cattle-pest are false; he knows for certain that in England in 1867, 56 cows were treated homœopathically and all died. He concluded with a few malicious remarks to the effect that his opponent, Dr. Brasol, might have been more choice and polite in his expressions toward a colleague. The President in his concluding speech finds it impossible to give a compendium of the debates; the gulf between the two camps is too deep; he can only express the hope, for the welfare of humanity, that the adversaries should come some day to a better understanding.

Dr. Brasol has published in the *Homœopathic Physician*\* a supplement to the debates. As there is little chance of our seeing Dr. Carrick's lecture in print, the following passages, extracted from Dr. Brasol's article, will give the reader a good idea of this remarkable lecture, which from beginning to end is one mass of falsehoods and ignorance, the whole taken from every libel which the author could catch up and put together like some schoolboy's exercise.

Dr. Brasol says, that it has always been his rule to keep in the bounds of strict politeness at all former lectures and debates, and he had entered the auditory this time with the same intention, fully expecting to hear a scientific and critical analysis of homœopathy, but he was unfortunately condemned to listen to nothing but scorn, sneers, low abuse taken from the most trivial libels, without a single original thought of the lecturer, who seemed to know nothing of the development of homœopathy since the time of Hahnemann; he had to hear homœopathists called irregular marauders, with whom it was a shame to exchange a word; Hahnemann was characterized as a quack and a drunkard, his pathogeneses as the results of intoxication. "It is natural," says Dr. Brasol, "that such accusations, such a want of conscience on the part of the lecturer, stirred up feelings of indignation, which I could not repress, and that my answer was worded in terms cutting and bitter, which could not be pleasant either to Dr. Carrick or to myself; but this is the result of my adversary's provocations, for which I do not consider myself responsible." Dr. Carrick says that he has been accused of making a caricature of homœopathic pharmacology and its posology, but that is no fault of his, but the fault of homœopathy. Dr. Brasol answered this argument with the words of Professor Lichtenberg: "Oh God!

\* *Homœopathic Physician*, April, 1891.

If a head and a book knock against each other and the sound is hollow, is it the fault of the book?" After Dr. Brasol had contradicted the assertion that China does not produce intermittent fever, and given the most palpable proof of the contrary, the lecturer found nothing better to say than this: That the logic with which Dr. Brasol states his authorities can be compared to that of a murderer accused by two witnesses of the fact, calling in twenty witnesses of his innocence, who have been absent at the time of the murder.

When Dr. Carrick, wishing to amuse his audience, made fun of the symptoms of Belladonna and other narcotics in the homœopathic pharmacology, and the shallowness of such an attempt had been proved to him, his answer was, that he knew very well that Opium produces fearful symptoms, but not in homœopathic doses, therefore he does not know that the pathogeneses of drugs are results of large, so-called, physiological doses. The assertion of Dr. Carrick that the symptoms of Arsenic have no connection with cholera, was refuted by Dr. Brasol, with a number of proofs, taken from different works upon pharmacology. He concluded with the words of Virchow: "We need not enter into any further details to show the analogy which exists between the state of the intestines after poisoning with Arsenic and in cholera. Not only the symptomatic, but the pathological and anatomical relation of Arsenic to cholera, is proved in the most evident manner. Dr. Brasol points to the fact that the statistical data given by him and compared with the allopathic statistics, are taken from the same period during a cholera epidemic, and these statistics have no connection with the assertion of Dr. Carrick, that at the beginning of the epidemic everybody died, and at the end everybody got well, even if the assertion had been correct.

Dr. Carrick's remark that he does not know the meaning of molecular energy, is too ingenious and proves the want, not only of medical, but of general knowledge. Dr. Brasol concludes with the following words: "Some of the members of the Assembly had been looking forward to a thorough refutation of homœopathy and to witness its complete defeat, but they were evidently disappointed in their hopes by the thorough incompetence of the lecturer. A group of physicians with whom I am well acquainted gave vent to their disappointment at the failure by hisses and shouts. Similar manifestations have no effect upon us. The history of homœopathy can record many worse attacks, caused by intolerance and obstinate oppo-



sition; but the doctrine of Hahnemann stands on firm ground, is gifted with a healthy constitution and has sufficient vital power to continue its existence, and neither the hisses nor the outcries of its adversaries will ever succeed in crushing it."

All the journals which have given any reports about Dr. Carrick's lecture were against him; in one of them he is termed an ignoramus. Only one journal, the *Novoe Vremia* (New Time), speaks in favor of Dr. Carrick, as the reporter is a brother of the master of chemistry, Mr. Goldstein, who appeared as an opponent at Dr. Brasol's lecture, and is his personal foe. The impression produced upon the Assembly and the opinions expressed by the public were far from being favorable to Dr. Carrick; even some of the allopathic physicians expressed themselves in favor of Dr. Brasol's refutations, excepting certainly the group of personal friends of the lecturer, who had received free tickets and considered it their duty to play the part of clappers at the performance. The fact that Dr. Carrick has not yet printed his lecture, and that he does not appear inclined to print, speaks in his favor; but nevertheless the substance of the lecture, the tone in which it has been read, and the noble aim in view, remain as clear as daylight and speak for themselves. The only question that we should like answered is, why does Dr. Carrick see the mote in his neighbor's eye and does not remark the beam in his own? He puts it as a crime to Hahnemann that he had sold a drug; is Dr. Carrick so ingenious as to imagine that his establishment of Koumyss, in Orenburg, can be considered in the light of a scientific and philanthropic institution? As far as we know Dr. Carrick, he is a middle-aged man, past forty, who has created himself a good social position; how can such a man take upon himself the part of a school-boy in the discussion of a serious and scientific question? It is true that science has not yet decided the limits between common sense and its opposite.

Every one knows the powerful influence of fashion over human society. Fashion has reigned supreme since immemorial times in the official school, and extends its influence in other spheres belonging to the "rationalists." At the present time lectures against homœopathy have become the fashion, but if we look behind the scenes, we can easily trace this new fashion to a certain anxiety of the medical hierarchy, an anxiety which can only escape the eye of those who will not look deeper into the question. Dr. Carrick had scarcely

left the chair from which he had so brilliantly thundered against homœopathy, when two fresh antagonists appeared on the stage, one a Mr. Gretchishtcheff, in Novgorod,\* another a professor's assistant (this time not an assistant of a professor's chair), Mr. Orshansky, in Charkoff.†

The editor of the *Homœopathic Physician*‡ has not been able to give us any details of the lecture in Novgorod; he promises to publish the results of his inquiries in the next number of the journal. The following details have been given about the lecture in Charkoff. The learned gentleman placed as a condition to his lecture, that it should not be stenographed; such a condition may give rise to suppositions, which cannot be in favor of the lecturer; in any case he seems well acquainted with the signification of the words: "Scripta manent." Another characteristic trait of the lecturer is that about a week and a half before his lecture, therefore ten days before making his public appearance as an antagonist of homœopathy he borrowed from a layman, Mr. R.—there is no homœopathic physician in Charkoff—some books about homœopathy. This gentleman, who is a follower of homœopathy, supplied him with the lectures of Dr. Brasol, with several volumes of the *Homœopathic Messenger* and a few pamphlets of second-rate importance; and this is the material with which he prepared himself in *ten* days for the discussion of a scientific question. He opened his lecture with the words: "Similia similibus is not confirmed either by experiment or by observation; the unfortunate Hahnemann was a victim of his period, when the physicians wavered about like a ship without a compass; homœopathy is kept up by the logic of feeling, not by the logic of understanding." He says, with a logic quite familiar to himself, that the life insurance societies have lowered their premiums for those who are treated homœopathically, not because their lives are longer, but because only healthy persons can believe in homœopathy. Will the learned lecturer take upon himself to explain to what kind of logic such nonsense belongs? One of the auditors of the lecture expressed his opinion in the following terms: "I am no homœopath and know nothing about homœopathy. The lecture has produced a very unpleasant impression upon me on account of the frivolous manner in

\* Novgorod on the Volkhoff not to be mixed with Nijny Novgorod on the Volga.

† *Homœopathic Physician*, 1891, p. 176.

‡ *Ibid.*, p. 178.

which the question has been treated; it is unseemly for a public lecturer, even if quacks and sorcerers had been discussed, to lecture upon any subject in such a style."

We have to state the lamentable fact that in the last five years the death of a considerable number of homœopathic physicians has caused a great gap amongst our medical staff.

Dr. Thaddeus Weniavsky\* died in Warsaw on the 20th June, 1887, at the age of 70. He was born in the town of Lublin, in 1817, and was a brother of the violinist and pianist, Henry and Josef Weniavsky, who both died at an earlier period. After having finished his gymnasium in his native town he entered the University at Vilna, and later, when it was closed, he passed to Moscow, where he studied at the same time as the author of this article. After having finished his university in Moscow, he took the place of physician at the gymnasium of the town of Shterbshetino and later received an appointment as chief physician at the Hospital of Ct. Zamoysky. Gifted with an intelligent and searching mind, not caring to follow the beaten track, he soon grew dissatisfied with his therapeutic results and turned to the medical literature in the hopes of finding something better; he stopped at several works on homœopathy which excited his interest. Being full master of the hospital entrusted to his care, and having sufficient means at his disposal, he took the opportunity of making experiments which soon convinced him of the truth of homœopathy. This induced him to give up his advantageous position at the hospital, and he went to Vienna, Paris and London, where he acquired the necessary knowledge for the practice of homœopathy. On his return to his native country he settled on his estate not far from the town of Grubeshoo (government of Lublin), where he met with many friends of homœopathy and soon acquired an extensive practice; but he was not satisfied with such a narrow circle of activity, and took up his residence in Warsaw in 1865; there he received a ward for homœopathic treatment in the Hospital of the Holy Ghost,† which was however soon suspended‡. Notwithstanding his extensive practice he took an active part in the Poliklinik of Dr. Kutchinsky; he changed his residence and went to Kieff a year before his death to be in the neighborhood of his only married

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\* *Homœopathic Messenger*, 1887, p. 809.

† Bojanus, *History of Homœopathy in Russia*, p. 124.

‡ *Ibid.*, p. 127.

daughter; however, he soon returned to Warsaw, where his useful and active life came to its end. He died sincerely regretted by all those who knew him.

Dr. John Goldenberg\* died of an inflammation of the lungs on the 1st of January, 1888. He was born in Berlin in 1810, had studied in Breslin and settled in Moscow as a physician to the third gymnasium. In 1843 he was appointed assistant to the chief physician of the State prison, where the prisoners condemned to be deported to Siberia were confined. He was the first homœopathic physician who settled in Moscow, and the results of his treatment were so satisfactory that he became generally known, and the Curator of the Pedagogical circuit in Moscow appointed him to treat an epidemic of scarlet fever which had broken out amongst the pupils of the second gymnasium. He practiced in Moscow during forty-five years—nearly half a century.

Dr. Brauser,† a popular and excellent physician and surgeon, well known in all the Baltic provinces and all the adjoining governments, died on the 24th of August, 1888. We have not been able to obtain any biographical details about him.

Dr. Gottlieb Hering,‡ one of the oldest homœopathic physicians in St. Petersburg, died at the age of seventy-one, from rupture of the heart, on the 10th of October, 1888. He had finished his studies in the Military Medical Academy at St. Petersburg, and held the appointment of a doctor of the police till 1883. He had acquired from the beginning of his allopathic practice the reputation of a skilful children's physician; dissatisfied however with his therapeutic results, he became a follower of Rademacher; in 1856 he grew acquainted with homœopathy and having attained brilliant results he soon became a faithful follower and champion of homœopathy. When the Society of Homœopathic Physicians was founded in St. Petersburg he was elected member and later president of the society and filled this post during nine years. He was an excellent colleague, a true friend of homœopathy, always ready to give a helping hand to the poor and was equally beloved and esteemed both by patients and colleagues.

Dr. Nicolas Raievsky died at the age of 73 in Odessa, on the 10th

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\* *Homœopathic Messenger*, 1888, p. 66.

† *Ibid.*, p. 715.

‡ *Homœopathic Messenger*, 1888, p. 66.



of June, 1889. He was born in 1811 at Yelatma, government of Tambov, received his education in the military corps for cadets in St. Petersburg, and began his career as an officer in the Caucasus, where he was a friend of the celebrated poet Lermontoff. After he had retired from the military service, he studied medicine in Moscow and entered the Crimean army as a physician in 1854. In 1856, at the end of the war, he left the service and travelled in Europe and in the East; he pursued his medical studies in Paris, London and Goettingen. On his return to Russia, he took up his residence in Odessa, and received the appointment of Physician to the Steamboat Society of Russian Commerce; he kept this appointment for several years, and left it to devote his time to private practice. Dr. Raievsky was a highly cultivated man and an excellent physician; he spoke nearly all European and some of the Eastern languages. He was a member of several literary societies, and read lectures on hygiene and physiology before the faculty of Odessa. He grew acquainted with homœopathy about thirty years before his death, and remained till the end of his life its sincere follower. Sudden death took him away at the time when he was putting in order his numerous manuscripts, the greater part of which have fallen into the hands of his incompetent heirs, and have been lost, so that only fragments of his works have remained.

1. "On the Homœopathic Law of Similia and the Action of Infinitesimal Doses."

2. "On Whose Side is Truth?"

3. "Struggle for Existence, or Darwinism in the Range of Science and Medicine."

He published in 1886 in Odessa an excellent popular pamphlet under the title "Self-Help, or the Treatment of Diphtheria Without a Physician and Expensive Pharmacies, with Homœopathic Remedies."

Dr. Raievsky was a zealous follower and champion of homœopathy. We have lost in him not only an excellent physician and a man of science, but a noble and kind-hearted man, deeply regretted by all who knew him.

Dr. John Stern died in St. Petersburg on the 24th September, 1889, at a very advanced age. He was born in Mitau, and studied medicine in Dorpat; became acquainted with homœopathy soon after he had finished his studies, and remained to the end of his life

a true friend of homœopathy. He served for several years as a physician of the imperial domains in Viatka; then he settled in Moscow, where he remained a short time, and then accepted the appointment of family physician to the Prince Norontsoff, with whom he remained for fifteen years, staying by turns in St. Petersburg and in the prince's estate in the Crimea; a year or two before his death he retired, as he had no more strength to continue his practice.

Dr. Meyer died in Riga on the 25th October, 1889; he had moved from Mitau to Riga, so that Mitau has no homœopathic physician at present. Dr. Ulianitsky died in Shitosnix, in June, 1890; his widow has not answered my inquiries after biographical details of his life.

Dr. Anthony Remarkevitch\* died in Lublin in April, 1891. He was a homœopathic physician, well known in Poland. He was born in 1824, studied in Berlin, held his State examination in Warsaw, and became acquainted with homœopathy in Vienna in 1872; he studied it thoroughly and became a zealous follower of homœopathy. He had an enormous practice in Warsaw, which overtaxed his strength; his health failed, and he was obliged to move to Lublin, where he soon died. He was a clever and well-informed physician, universally beloved and esteemed, even by allopathic colleagues, who, as a rule, are not over benevolent to their homœopathic brethren.

The homœopathic literature in the Russian language is comparatively abundant, if we consider its limited circle of readers. The only homœopathic journal published in Russia, the *Homœopathic Messenger*, edited by Dr. Brasol, has ceased to appear since January, 1891. Dr. Brasol's time was too much occupied, and he had to give up the editorship. A new journal, the *Homœopathic Physician*, has taken the place of the former since the 15th January, 1891; it appears every month, contains two or three printed sheets, is edited by Dr. Genicke, and published at the expense of the apothecary Fleming.

Following are the works which have been published during the last five years—partly translations, partly original:

#### TRANSLATIONS.

Ameke.—The Origin of Homœopathy, Etc.

Clothar Müller.—Homœopathic Domestic Physician. 7th Edition.

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\* *Homœopathic Physician*, 1891, p. 179.

Burnett.—Fifty Reasons for being a Homœopath.

Heinigke.—Homœopathy before a Court of Justice.

Laurie.—Homœopathic Domestic Medicine.

Hayward.—Catching Cold the Cause of Half our Illnesses.

Hayward.—Therapeutics of the Present Time.

Harry Huddey.—A Guide to Homœopathic Veterinary Practice.

Hahnemann, S.—Organon; translated from the 5th Edition by Sarokin.

#### ORIGINAL WORKS.

Dr. Brasol.—Lectures upon Homœopathy. 1. On the Law of Similia. 2. On Homœopathic Doses. 3. On Homœopathic Pharmacology. 4. On the Position of Homœopathy Among Experimental Sciences.

Answer of the Society of Homœopathic Physicians to the Medical Faculty of Kieff.

Dr. Genicke.—Vade Mecum for Homœopathic Physicians.

Hempel.—The Homœopathic Treatment of Dogs and Domestic Birds.

Professor Butterov.—Anti-materialism in Science.

Dr. Raievsky.—Self Help or the Treatment of Diphtheria without a Physician, etc.

Dr. Gabrilovitch.—Cholera and its Homœopathic Treatment.

Dr. Kutschinsky.—The Syphilitic Diseases and their Homœopathic Treatment.

Dr. C. Bojanus, Sr.—The Reasons Why, and How I Became a Homœopath.

N. Fedoroffsky.—Before the Public Court of Justice. An Answer to the Medical Faculty of Kieff.

Dr. T. Drzeviecky.—O Homœopatyi. A Public Lecture in Polish.

Following is the list of the physicians who practice Homœopathy in Russia, as far as we have been able to ascertain. The names marked \* are those who practice both homœopathically and allopathically. The names and places of residence of which we are doubtful, that they have been accurately transmitted, are marked with a sign of interrogation.

Achtuirka, government of Charkov, Wojutzky.

Belgorod, government of Kursk, Lobatchevsky.

Borovitchy, government of Novgorod, Orlov.\*

Bratzlav, government of Podolia, Tchervinsky.  
 Dorogobush, government of Smolensk, Schor?  
 Hapsal, government of Estland, Hunnius.\*  
 Grubishev, government of Lublin, Mazurkevitch?  
 Goroditsche, government of Kieff, Neumann, Ssikorsky.  
 Elizavetgrad, government of Ekaterinoslav, Goldenberg?  
 Kanzeropol, government of Ekaterinoslav, Skariatin.  
 Karatcheff, government of Orel, Ossipov.  
 Kerensk, government of Penza, Trinovsky.\*  
 Kirilov, government of Novgorod, Solotilova\* (lady.)  
 Koseletz, government of Tchernigov, Koslovsky.  
 Kieff, Hohenberg, Nadeshdin, Toritschnev (Feldscher, physician's  
 assistant), Karabanovitch (female assistant of a physician), Grene-  
 vitsky (Pharmaceutist.)  
 Kovno, Doroschinsky.  
 Kupriansk, government of Charkov, Makarov?  
 Lods, government of Petrokoff, Siw.  
 Lomsha, Dlushnevitsch.  
 Lutzk, government of Wolhynia, Tlokevitsch.  
 Mohilev, Gutavsky?  
 Moscow, N. Bojanus, Sr., Trifanovsky, Lantzky, Trishatny,  
 Strupp.  
 Odessa, Rshanitzin, C. Bojanus, Sr., Malinsky.\*  
 Orel, Lebedinsky.  
 Ostrov, government of Lomsha, Podgoretzky?  
 Ponevesh, government of Kovno, Shimkevitsch.  
 Riga, government of Livonia, Endberg, Rolssen.  
 Rovno, government of Volhynia, Kvitzkovsky?  
 Ruibinsk, government of Yavoslav, Landau?  
 Saratov, Lossev.  
 Staro konstantinov, government Volhynia, Uschtschapoosky.  
 Shitomir. Name unknown, has only just arrived.<sup>1</sup>  
 Schavli, government of Kovno, Lotzkevitch?  
 Skvira, government of Kieff, Omelianovsky?  
 St. Petersburg. Adams, Brandt, Brasol, v. Dittmann, Gastfreund,  
 Genieke, A. Hempel, W. Hempel, Heedom, Hubbenet, Klauss,  
 Krutulevsky, Leutzky, Ripke, P. Soloviev, W. Soloviev, Stetke-  
 vitch, Thomson and Lee, both dentists.

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<sup>1</sup> Letter from Kieff.

Tauroggen, government of Kovno, Michailovsky.  
 Tiflis, Reichenback, Kouzenstern.  
 Warsaw, Kutchinsky, Drzeviecky.  
 Vilna, Vrublevsky.

#### RETROSPECT.

If we take into consideration all the events of the last five years, the thought strikes us that Russia seems to have entered into a period of Crusades against Homœopathy. We have already seen the medical Peter of Amiens, Professor Eichwald of glorious memory, open the campaign, very timidly at first, under the protection of the police,\* the assistant Dehio, now Professor in Dorpat,† may be considered his worthy successor and at his side a place of honor belongs by right to Professor Dehio, whose laudable exertions to enlighten the minds of the youthful generation on the subject of homœopathy have been transmitted in this sketch. In this year the assault has been enforced by the three luminaries who have scourged homœopathy in their speeches; whole faculties, as that of Kieff and Charkoff, have risen against the progress of homœopathy, and those, that would not, or could not step out by word used their poisonous quills to attain the same aim by publications in the papers.

*"Tantæne animis cœlestibus iræ!"*

We see at the same time that the fanatic battle fought against a small group of adherents of homœopathy, convinced of the truth and justice of their cause, has led to no results; all the bullets fired by the enemy have rebounded as if they had been thrown back by some powerful fortification; instead of victory, the aggressors have nothing but defeats to record; the young forces continue to flourish, and the aim attained is quite opposite to the one sought after, notwithstanding all the foul weapons used in the contest.

The clear, instructive, openly spoken word spreads light in the darkness, which is artificially created and kept up. The youthful generation begins to understand the true intentions of the teachers, who try to befoul it with their false doctrines. This gives a hopeful look into the distant future where the darkening power of prejudice will be conquered by the light of truth. Many zemstvo, or country states, are interested in homœopathy; new societies and pharmacies

\* *Transactions of the International Homœopathic Congress in Basle, 1886, p. 80.*

† *Idem., p. 71.*

are founded, the doctrine of Hahnemann continues to spread, and the movement which has taken place against homœopathy will, as we trust and hope, lead to a better future for the welfare of humanity; we will therefore repeat in full confidence the words of the German poet:

Das alte stürzt, es ändert sich die zeit und neues Leben bluht aus den Ruinen. Old institutions will fall, times will change, and new life spring up from the ruins.—SCHILLER, *Wilhelm Tell*.



# APPENDIX

TO THE

TRANSACTIONS

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY.





### HISTORICAL NOTE.

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In July, 1843, the New York Homœopathic Physicians' Society issued invitations to the homœopathic physicians of the United States, to meet in general convention in the city of New York for the purpose of forming a National Homœopathic Medical Society. The invitation was responded to by a considerable number of the leading homœopathic practitioners of the country, who, according to previous arrangement, convened in the Lyceum of Natural History in New York City, on the 10th day of April, 1844, the eighty-ninth anniversary of the birth of the illustrious Hahnemann.

The convention was organized by electing Constantine Hering, M.D., of Philadelphia, Pa., President; Josiah F. Flagg, M.D., of Boston, Mass., and William Channing, M.D., of New York City, N. Y., Vice-Presidents; and Henry Dunnell, M.D., Secretary.

The following resolution was unanimously adopted:

*Resolved*, That it is deemed expedient to establish a society, entitled "The American Institute of Homœopathy."

John F. Gray, M.D., was elected General Secretary of the Institute, and S. R. Kirby, M.D., Treasurer.

The Convention having accomplished the object for which it had assembled, on motion, adjourned, *sine die*.

Immediately after the adjournment of the Convention, on the evening of the 10th day of April, 1844, at the call of John F. Gray, M.D., General Secretary elect, the First Session of the American Institute of Homœopathy was held. Josiah F. Flagg, M.D., Boston, Mass., was elected President, and A. Gerald Hull, M.D., New York City, N. Y., Provisional Secretary.

#### CHRONOLOGICAL LIST OF OFFICERS.

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##### FIRST SESSION.

(Held at New York City, N. Y., April 10, 1844.)

JOSIAH F. FLAGG, M.D., Boston, Mass., President.

JOHN F. GRAY, M.D., New York, N. Y., General Secretary.

A. GERALD HULL, M.D., New York, N. Y., Provisional Secretary.

S. R. KIRBY, M.D., New York, N. Y., Treasurer.

## SECOND SESSION.

*(Held at New York City, N. Y., May 14, 1845.)*

JACOB JEANES, M.D., Philadelphia, Pa., President.  
 EDWARD BAYARD, M.D., New York, N. Y., General Secretary.  
 R. A. SNOW, M.D., New York, N. Y., Provisional Secretary.  
 S. R. KIRBY, M.D., New York, N. Y., Treasurer.

## THIRD SESSION.

*(Held at Philadelphia, Pa., May 13, 1846.)*

S. R. KIRBY, M.D., New York, N. Y., President.  
 EDWARD BAYARD, M.D., New York, N. Y., General Secretary.  
 R. A. SNOW, M.D., New York, N. Y., Provisional Secretary.  
 S. R. KIRBY, M.D., New York, N. Y., Treasurer.

## FOURTH SESSION.

*(Held at Boston, Mass., June 9, 1847.)*

F. R. McMANUS, M.D., Baltimore, Md., President.  
 EDWARD BAYARD, M.D., New York, N. Y., General Secretary.  
 R. A. SNOW, M.D., New York, N. Y., Provisional Secretary.  
 S. R. KIRBY, M.D., New York, N. Y., Treasurer.

## FIFTH SESSION.

*(Held at New York City, N. Y., June 14, 1848.)*

WALTER WILLIAMSON, M.D., Philadelphia, Pa., President.  
 EDWARD BAYARD, M.D., New York, N. Y., General Secretary.  
 R. A. SNOW, M.D., New York, N. Y., Provisional Secretary.  
 S. R. KIRBY, M.D., New York, N. Y., Treasurer.

## SIXTH SESSION.

*(Held at Philadelphia, Pa., June 13, 1849.)*

SAMUEL GREGG, M.D., Boston, Mass., President.  
 ALVIN E. SMALL, M.D., Philadelphia, Pa., General Secretary.  
 WILLIAM P. ESREY, M.D., Springfield, Mass., Provisional Secretary.  
 S. R. KIRBY, M.D., New York, N. Y., Treasurer.

## SEVENTH SESSION.

*(Held at Albany, N. Y., June 12, 1850.)*

EDWARD BAYARD, M.D., New York, N. Y., President.  
 ALVIN E. SMALL, M.D., Philadelphia, Pa., General Secretary.  
 G. W. SWAZEY, M.D., Springfield, Mass., Provisional Secretary.  
 S. R. KIRBY, M.D., New York, N. Y., Treasurer.

## EIGHTH SESSION.

*(Held at New Haven, Conn., June 11, 1851.)*

WILLIAM E. PAYNE, M.D., Bath, Me., President.  
 G. W. SWAZEY, M.D., Springfield, Mass., General Secretary.  
 CHARLES G. FOOTE, M.D., New Haven, Conn., Provisional Secretary.  
 S. R. KIRBY, M.D., New York, N. Y., Treasurer.

## NINTH SESSION.

*(Held at Baltimore, Md., May 19, 1852.)*

ELIAL T. FOOTE, M.D., New Haven, Conn., President.  
WILLIAM A. GARDINER, M.D., Philadelphia, Pa., General Secretary.  
S. S. GUY, M.D., Brooklyn, N. Y., Provisional Secretary.  
S. R. KIRBY, M.D., New York, N. Y., Treasurer.

## TENTH SESSION.

*(Held at Cleveland, Ohio, June 8, 1853.)*

RICHARD GARDINER, M.D., Philadelphia, Pa., President.  
WILLIAM A. GARDINER, M.D., Philadelphia, Pa., General Secretary.  
S. S. GUY, M.D., Brooklyn, N. Y., Provisional Secretary.  
S. R. KIRBY, M.D., New York, N. Y., Treasurer.

## ELEVENTH SESSION.

*(Held at Albany, N. Y., June 7, 1854.)*

LYMAN CLARY, M.D., Syracuse, N. Y., President.  
S. S. GUY, M.D., Brooklyn, N. Y., General Secretary.  
J. REDMAN COXE, JR., M.D., Philadelphia, Pa., Provisional Secretary.  
A. S. BALL, M.D., New York, N. Y., Treasurer.

## TWELFTH SESSION.

*(Held at Buffalo, N. Y., June 6, 1855.)*

C. H. SKIFF, M.D., New Haven, Conn., President.  
J. P. DAKE, M.D., Pittsburgh, Pa., General Secretary.  
A. H. BEERS, M.D., Buffalo, N. Y., Provisional Secretary.  
S. S. GUY, M.D., Brooklyn, N. Y., Treasurer.

## THIRTEENTH SESSION.

*(Held at Washington, D. C., June 4, 1856.)*

G. W. SWAZEY, M.D., Springfield, Mass., President.  
F. R. McMANUS, M.D., Baltimore, Md., General Secretary.  
J. MIDDLETON, M.D., Baltimore, Md., Provisional Secretary.  
S. S. GUY, M.D., Brooklyn, N. Y., Treasurer.

## FOURTEENTH SESSION.

*(Held at Chicago, Ill., June 3, 1857.)*

J. P. DAKE, M.D., Pittsburgh, Pa., President.  
D. S. SMITH, M.D., Chicago, Ill., General Secretary.  
G. E. SHIPMAN, M.D., Chicago, Ill., Provisional Secretary.  
S. S. GUY, M.D., Brooklyn, N. Y., Treasurer.

## FIFTEENTH SESSION.

*(Held at Brooklyn, N. Y., June 2, 1858.)*

D. S. SMITH, M.D., Chicago, Ill., President.  
WILLIAM E. PAYNE, M.D., Bath, Me., General Secretary.  
E. T. RICHARDSON, M.D., Brooklyn, N. Y., Provisional Secretary.  
S. S. GUY, M.D., Brooklyn, N. Y., Treasurer.

## SIXTEENTH SESSION.

*(Held at Boston, Mass, June 1, 1859.)*

- P. P. WELLS, M.D., Brooklyn, N. Y., President.  
 HENRY D. PAINE, M.D., Albany, N. Y., General Secretary.  
 I. T. TALBOT, M.D., Boston, Mass., Provisional Secretary.  
 C. H. SKIFF, M.D., New Haven, Conn., Treasurer.

## SEVENTEENTH SESSION.

*(Held at Philadelphia, Pa., June 2, 1860.)*

- E. C. WITHERELL, M.D., Cincinnati, Ohio, President.  
 JACOB BEAKLEY, M.D., New York, N. Y., General Secretary.  
 HENRY M. SMITH, M.D., New York, N. Y., Provisional Secretary.  
 C. D. SKIFF, M.D., Brooklyn, N. Y., Treasurer.

## EIGHTEENTH SESSION.\*

*(Held at Cincinnati, Ohio, June 7, 1865.)*

- S. S. GUY, M.D., Brooklyn, N. Y., President.  
 I. T. TALBOT, M.D., Boston, Mass., Vice-President.†  
 G. D. BEEBE, M.D., Chicago, Ill., General Secretary.  
 WILLIAM TOD HELMUTH, M.D., St. Louis, Mo., Provisional Secretary.  
 D. S. SMITH, M.D., Chicago, Ill., Treasurer.

## NINETEENTH SESSION.

*(Held at Pittsburgh, Pa., June 6, 1866.)*

- J. S. DOUGLAS, M.D., Milwaukee, Wis., President.  
 S. R. BECKWITH, M.D., Cleveland, Ohio, Vice-President.  
 I. T. TALBOT, M.D., Boston, Mass., General Secretary.  
 HENRY B. CLARKE, M.D., New Bedford, Mass., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

## TWENTIETH SESSION,

*(Held at New York City, N. Y., June 4, 1867.)*

- WILLIAM TOD HELMUTH, M.D., St. Louis, Mo., President.  
 P. P. WELLS, M.D., Brooklyn, N. Y., Vice President.  
 I. T. TALBOT, M.D., Boston, Mass., General Secretary.  
 HORACE M. PAINE, M.D., Albany, N. Y., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

## TWENTY-FIRST SESSION.

*(Held at St. Louis, Mo., June 2, 1868.)*

- HENRY D. PAINE, M.D., New York, N. Y., President.  
 T. G. COMSTOCK, M.D., St. Louis, Mo., Vice-President.  
 I. T. TALBOT, M.D., Boston, Mass., General Secretary.  
 H. L. CHASE, M.D., Cambridge, Mass., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

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\* No sessions were held during the Rebellion.

† By a change of the By-Laws the office of Vice-President was instituted at this session.

TWENTY-SECOND SESSION.

*(Held at Boston, Mass., June 8, 1869.)*

REUBEN LUDLAM, M.D., Chicago, Ill., President.  
D. H. BECKWITH, M.D., Cleveland, Ohio, Vice President.  
I. T. TALBOT, M.D., Boston, Mass., General Secretary.  
TIMOTHY F. ALLEN, M.D., New York, N. Y., Provisional Secretary.  
E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

TWENTY-THIRD SESSION.

*(Held at Chicago, Ill., June 7, 1870.)*

DAVID THAYER, M.D., Boston, Mass., President.  
J. J. YOULIN, M.D., Jersey City, N. J., Vice-President.  
REUBEN LUDLAM, M.D., Chicago, Ill., General Secretary.  
T. C. DUNCAN, M.D., Chicago, Ill., Provisional Secretary.  
E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

TWENTY-FOURTH SESSION.

*(Held at Philadelphia, Pa., June 6, 1871.)*

D. H. BECKWITH, M.D., Cleveland, Ohio, President.  
J. D. TEMPLE, M.D., St. Louis, Mo., Vice-President.  
REUBEN LUDLAM, M.D., Chicago, Ill., General Secretary.  
T. C. DUNCAN, M.D., Chicago, Ill., Provisional Secretary.  
E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

TWENTY-FIFTH SESSION.

*(Held at Washington, D. C., June 21, 1872.)*

I. T. TALBOT, M.D., Boston, Mass., President.  
J. J. YOULIN, M.D., Jersey City, N. J., Vice-President.  
ROBERT J. McCLATCHEY, M.D., Philadelphia, Pa., General Secretary.  
BUSHROD W. JAMES, M.D., Philadelphia, Pa., Provisional Secretary.  
E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

TWENTY-SIXTH SESSION.

*(Held at Cleveland, Ohio, June 3, 1873.)*

ALVIN E. SMALL, M.D., Chicago, Ill., President.  
J. C. BURGHER, M.D., Pittsburgh, Pa., Vice-President.  
ROBERT J. McCLATCHEY, M.D., Philadelphia, Pa., General Secretary.  
BUSHROD W. JAMES, M.D., Philadelphia, Pa., Provisional Secretary.  
E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

TWENTY-SEVENTH SESSION.

*(Held at Niagara Falls, N. Y., June 9, 1874.)*

JOHN J. YOULIN, M.D., Jersey City, N. J., President.  
N. SCHNEIDER, M.D., Cleveland, Ohio, Vice-President.  
ROBERT J. McCLATCHEY, M.D., Philadelphia, Pa., General Secretary.  
BUSHROD W. JAMES, M.D., Philadelphia, Pa., Provisional Secretary.  
E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

## TWENTY-EIGHTH SESSION.

*(Held at Put-in-Bay, Ohio, June 16, 1875).*

WILLIAM H. HOLCOMBE, M.D., New Orleans, La., President.  
 L. E. OBER, M.D., La Crosse, Wis., Vice-President.  
 ROBERT J. McCLATCHEY, M.D., Philadelphia, Pa., General Secretary.  
 BUSHROD W. JAMES, M.D., Philadelphia, Pa., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

## TWENTY-NINTH SESSION.

*(Held at Philadelphia, Pa., June 26 to July 1st, 1876, in conjunction with the World's Homœopathic Convention; the officers of the Institute being constituted the officers of the Convention).*

CARROLL DUNHAM, M.D., Irvington-on-Hudson, N. Y., President.  
 E. C. FRANKLIN, M.D., St. Louis, Mo., Vice-President.  
 ROBERT J. McCLATCHEY, M.D., Philadelphia, Pa., General Secretary.  
 T. C. DUNCAN, M.D., Chicago, Ill., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

## THIRTIETH SESSION.

*(Held at Lake Chautauqua, N. Y., June 26, 1877).*

E. C. FRANKLIN, M.D., St. Louis, Mo., President.  
 T. P. WILSON, M.D., Cincinnati, Ohio, Vice-President.  
 ROBERT J. McCLATCHEY, M.D., Philadelphia, Pa., General Secretary.  
 JOSEPH C. GUERNSEY, M.D., Philadelphia, Pa., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

## THIRTY-FIRST SESSION.

*(Held at Put-in-Bay, Ohio, June 18, 1878).*

JOHN C. BURGHER, M.D., Pittsburgh, Pa., President.  
 J. C. SANDERS, M.D., Cleveland, Ohio, Vice-President.  
 ROBERT J. McCLATCHEY, M.D., Philadelphia, Pa., General Secretary.  
 JOSEPH C. GUERNSEY, M.D., Philadelphia, Pa., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

## THIRTY-SECOND SESSION.

*(Held at Lake George, N. Y., June 17, 1879).*

CONRAD WESSELHOEFT, M.D., Boston, Mass., President.  
 N. FRANCIS COOKE, M.D., Chicago, Ill., Vice-President.  
 ROBERT J. McCLATCHEY, M.D., Philadelphia, Pa., General Secretary.  
 JOSEPH C. GUERNSEY, M.D., Philadelphia, Pa., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

## THIRTY-THIRD SESSION.

*(Held at Milwaukee, Wis., June 18, 1880).*

T. P. WILSON, M.D., Ann Arbor Mich., President.  
 GEORGE A. HALL, M.D., Chicago, Ill., Vice-President.  
 J. C. BURGHER, M.D., Pittsburgh, Pa., General Secretary.  
 J. H. McCLELLAND, M.D., Pittsburgh, Pa., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

## THIRTY-FOURTH SESSION.

*(Held at Brighton Beach, N. Y., June 14, 1881).*

J. W. DOWLING, M.D., New York, N. Y., President.  
 W. L. BREYFOGLE, M.D., Louisville, Ky., Vice-President.  
 J. C. BURGHER, M.D., Pittsburgh, Pa., General Secretary.  
 J. H. McCLELLAND, M.D., Pittsburgh, Pa., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

## THIRTY-FIFTH SESSION.

*(Held at Indianapolis, Ind., June 13, 1882).*

W. L. BREYFOGLE, M.D., Louisville, Ky., President.  
 BUSHROD W. JAMES, M.D., Philadelphia, Pa., Vice-President.  
 J. C. BURGHER, M.D., Pittsburgh, Pa., General Secretary.  
 JOSEPH C. GUERNSEY, M.D., Philadelphia, Pa., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

## THIRTY-SIXTH SESSION.

*(Held at Niagara Falls, N. Y., June 19, 1883).*

BUSHROD W. JAMES, M.D., Philadelphia, Pa., President.  
 O. S. RUNNELS, M.D., Indianapolis, Ind., Vice-President.  
 J. C. BURGHER, M.D., Pittsburgh, Pa., General Secretary.  
 T. M. STRONG, M.D., Allegheny City, Pa., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

## THIRTY-SEVENTH SESSION.

*(Held at Deer Park, Md., June 17, 1884).*

JOHN C. SANDERS, M.D., Cleveland, Ohio, President.  
 T. F. ALLEN, M.D., New York City, N. Y., Vice-President.  
 J. C. BURGHER, M.D., Pittsburgh, Pa., General Secretary.  
 T. M. STRONG, M.D., Ward's Island, N. Y., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

## THIRTY-EIGHTH SESSION.

*(Held at St. Louis, Mo., June 2, 1885).*

TIMOTHY F. ALLEN, M.D., New York, N. Y., President.  
 A. C. COWPERTHWAIT, M.D., Iowa City, Iowa, Vice-President.  
 J. C. BURGHER, M.D., Pittsburgh, Pa., General Secretary.  
 T. M. STRONG, M.D., Ward's Island, N. Y., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

## THIRTY-NINTH SESSION.

*(Held at Saratoga Springs, N. Y., June 28, 1886.)*

O. S. RUNNELS, M.D., Indianapolis, Ind., President.  
 A. I. SAWYER, M.D., Monroe, Mich., Vice-President.  
 J. C. BURGHER, M.D., Pittsburgh, Pa., General Secretary.  
 T. M. STRONG, M.D., Ward's Island, N. Y., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.



## FORTIETH SESSION.

*(Held at Saratoga Springs, N. Y., June 27, 1887.)*

- F. H. ORME, M.D., Atlanta, Ga., President.  
 A. R. WRIGHT, M.D., Buffalo, N. Y., Vice-President.  
 J. C. BURGHER, M.D., Pittsburgh, Pa., General Secretary.  
 T. M. STRONG, M.D., Ward's Island, N. Y., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

## FORTY-FIRST SESSION.

*(Held at Niagara Falls, N. Y., June 29, 1888.)*

- A. C. COWPERTHWAIT, M.D., Iowa City, Iowa, President.  
 N. SCHNEIDER, M.D., Cleveland, Ohio, Vice-President.  
 PEMBERTON DUDLEY, M.D., Philadelphia, Pa., General Secretary.  
 T. M. STRONG, M.D., Ward's Island, N. Y., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

## FORTY-SECOND SESSION.

*(Held at Minnetonka Beach, Minn., June 24, 1889.)*

- SELDEN H. TALCOTT, M.D., Middletown, N. Y., President.  
 THEO. Y. KINNE, M.D., Paterson, N. J., Vice-President.  
 PEMBERTON DUDLEY, M.D., Philadelphia, Pa., General Secretary.  
 T. M. STRONG, M.D., Ward's Island, N. Y., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

## FORTY-THIRD SESSION.

*(Held at Waukesha, Wis., June 16, 1890.)*

- ALFRED L. SAWYER, M.D., Monroe, Mich., President.  
 J. D. BUCK, M.D., Cincinnati, Ohio, Acting President.  
 CHESTER G. HIGBEE, M.D., St. Paul, Minn., Vice-President.  
 PEMBERTON DUDLEY, M.D., Philadelphia, Pa., General Secretary.  
 T. M. STRONG, M.D., Macon, Ga., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.

[NOTE.—The appointment of an Acting President was made necessary by the illness of the President and the absence of the Vice-President.]

## FORTY-FOURTH SESSION.

*(Held at Atlantic City, N. J., in conjunction with the Fourth International Homoeopathic Congress, June 16, 1891.)*

- THEO. Y. KINNE, M.D., Paterson, N. J., President.  
 JAMES H. MCCLELLAND, M.D., Pittsburgh, Pa., Vice-President.  
 PEMBERTON DUDLEY, M.D., Philadelphia, Pa., General Secretary.  
 T. M. STRONG, M.D., Macon, Ga., Provisional Secretary.  
 E. M. KELLOGG, M.D., New York, N. Y., Treasurer.  
 THOS. FRANKLIN SMITH, M.D., New York, N. Y., Assistant Treasurer.

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*CONSTITUTION AND BY-LAWS.*

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*CONSTITUTION.*

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(ADOPTED JUNE 10, 1874.)

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*Article I.—Name and Object.*

THIS Association shall be styled the AMERICAN INSTITUTE OF HOMŒOPATHY, and its object the improvement of homœopathic therapeutics and all other departments of medical science.

*Article II.—Members.*

This Institute shall be composed of those physicians who are already members, and of such others as may be hereafter chosen in conformity with the By-Laws.

*Article III.—Officers.*

The officers of the Institute shall be a President, a Vice-President, a General Secretary, a Provisional Secretary and a Treasurer, with such other officers as shall be designated by the By-Laws, to be chosen at such time, in such manner, for such a period, and with such duties as the By-Laws shall ordain.

*Article IV.—Seal.*

The Institute shall have and use one common seal, with a suitable device and inscription.

*Article V.—Amendments.*

This Constitution may be altered or amended by a vote of two-thirds of all the members present at the regular annual meeting, provided that notice of such alteration or amendment shall have been given in writing at a previous annual meeting of the Institute.

## BY-LAWS.

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(ADOPTED JUNE 20TH, 1878.)

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*Article I.—Meetings.*

This Institute shall hold at least one session in each year, at such time and place as may be determined upon from time to time.

*Article II.—Officers.*

SECTION 1. The officers shall be elected by ballot at each annual session of the Institute, and shall enter upon their respective duties the first day of January following.

SEC. 2. The officers of the Institute, viz.: the President, Vice-President, General Secretary, Provisional Secretary, and Treasurer, shall constitute an Executive Committee, which shall attend to matters of business not otherwise specially provided for, and perform such other duties as may by vote of the Institute devolve upon it.

SEC. 3. The General Secretary shall be paid an annual salary of five hundred dollars.

*Article III.—Duties of Officers.*

SECTION 1. The President shall preside at the meetings of the Institute, and perform the duties usually pertaining to his office, together with such others as may by vote of the Institute devolve upon him. He shall sign all certificates of membership. He shall deliver an address at the opening of each session, embodying a *résumé* of the progress of homœopathy during the year past, and make such suggestions as he may deem necessary for the Institute to take action on during the session; and he may also consider any subject relating to medical science.

SEC. 2. The Vice-President shall perform the duties of the President in his absence or disability.

SEC. 3. The General Secretary shall keep a record of the proceedings of the meetings, conduct the correspondence of the Institute, issue notices of meetings, notify members of their election, sign certificates of membership, and perform such other duties as the Institute may direct. It shall further be the duty of the Secretary to

send to each homœopathic journal published in the country, within two months after the adjournment of an annual meeting, a list of the officers for the ensuing year and the members of its bureaus, and the titles of the subjects selected by said bureau.

SEC. 4. The Provisional Secretary shall assist the General Secretary, and in his absence perform his duties.

SEC. 5. The Treasurer shall receive all money belonging to the Institute, and make all disbursements under the recommendation of the Executive Committee. He shall furnish at each annual meeting a written report of the condition of the finances.

#### *Article IV.—Censors.*

At each annual session the Institute shall elect, by ballot, a board of five censors (three of whom shall constitute a quorum), who shall receive and examine the credentials of candidates for membership, and report to the Institute for election such as may be found properly qualified. The censors shall enter upon their duties on the first day of January following their election.

#### *Article V.—Membership.*

SECTION 1. Candidates for membership shall present to the Board of Censors a certificate of three members of the Institute, that the applicant has pursued a regular course of medical studies, according to the requirements of the existing institutions of this country, and sustains a good moral character and professional standing. Such certificate shall state when and where the applicant obtained a diploma. If found qualified, the candidate may be elected a member. No person shall be considered a member, however, before paying an admission fee of two dollars and the annual dues, which shall entitle him to a certificate of membership.

SEC. 2. Any physician properly accredited as a delegate shall be admitted during the session of the Institute to all the privileges of members, except voting and eligibility to office, on the following basis:

*First.* From every association composed of more than fifty members from different States, two delegates, with an additional delegate for every twenty members.

*Second.* From every State Society, two delegates, with an additional delegate for every twenty members.

*Third.* From every county or local society, one delegate.

*Fourth.* From every hospital, asylum for the insane, or dispensary, actually established, one delegate.

*Fifth.* From every medical journal published, one delegate.

*Sixth.* From every college associated with the Institute, two delegates; said delegates to constitute the Inter-collegiate Committee of the Institute.

Such delegates shall be elected for the term of one year.

SEC. 3. Any foreign physician may be elected a Corresponding Member of the Institute at any annual meeting, and shall have all the privileges of members, except voting and eligibility to office.

SEC. 4. The Institute may, at any annual meeting, elect as Honorary Members, not to exceed five in one year, any foreign physicians who may be judged worthy from their superior attainments in medicine; provided that the names of persons proposed for Honorary Membership shall have been presented at a previous annual meeting. Such Honorary Members shall have all the privileges of members, except voting and eligibility to office.

SEC. 5. All members of the Institute who have maintained twenty-five consecutive years of membership shall be considered *Senior Members*, and be exempt from the payment of annual dues; and the names of such members shall be printed first in the list of members, in capital letters.

SEC. 6. Of State societies represented in the Institute, the Presidents shall be *ex-officio* Vice-Presidents, and the Recording Secretaries shall be *ex-officio* Corresponding Secretaries of the Institute, and these officers shall communicate through the various bureaus any facts or information concerning the condition of these societies, and the progress of medicine and homœopathy in their several States.

SEC. 7. The Institute may, at any annual meeting, elect as Honorary Associate Members, not to exceed three in any one year, any persons not members of the medical profession, who have in any way been of special service to science or humanity, and particularly those who have been special patrons of homœopathy; and said Honorary Associate Members shall have all the privileges of Honorary Members.

#### *Article VI.—Dues.*

SECTION 1. Members shall pay annually the sum of five dollars

towards defraying the expenses of the Institute. The *Proceedings of the Institute* will be sent to those members only who have paid their dues.

*Article VII.—Bureaus and Committees.*

SECTION 1. The following BUREAUS shall be appointed as hereinafter provided for.

- a. Materia Medica and General Therapeutics.
- b. Clinical Medicine, embracing Diagnosis and General and Special Therapeutics.
- c. Obstetrics.
- d. Gynæcology.
- e. Pædology.
- f. Sanitary Science.
- g. Surgery.
- h. Anatomy, Physiology and Pathology (including Microscopy and Histology).
- i. Nervous and Mental Diseases.
- j. Ophthalmology, Otology, and Laryngology.
- k. Organization, Registration, and Statistics.

SEC. 2. Each of these bureaus shall consist of not less than five nor more than fifteen members.

SEC. 3. Each bureau, in its annual report, shall present a *résumé* of discoveries and progress in its respective field, together with papers upon its special subject selected for inquiry and discussion.

SEC. 4. The following STANDING COMMITTEES shall be appointed, as hereinafter provided for :

- a. Legislation.
- b. Medical Literature.
- c. Foreign Correspondence.
- d. Inter-collegiate.
- e. Drug Provings.
- f. Pharmacy.
- g. Medical Education.

SEC. 5. Each of these committees shall consist of at least five members.

SEC. 6. The President shall appoint the chairmen of all bureaus for the ensuing year ; and shall announce all such appointments not later than the Thursday morning session.

SEC. 7. The chairmen of each bureau, as soon as possible after appointment, shall call his associates together and organize his bureau by the appointment of a secretary. And the secretary shall, after the organization of the bureau, notify each member thereof that he is expected to contribute a paper on some portion of the subject-matter pertaining to such bureau with which he is practically and specially acquainted.

SEC. 8. No report or paper shall be received by the Institute in an incomplete or unfinished condition ; and no paper shall be published in the TRANSACTIONS which has been published previous to its presentation to the Institute, or which is not handed to the General Secretary before the close of the session.

SEC. 9. Immediately upon the reception and disposition of the report of a standing committee, the President shall appoint the committee for the following year, with the exception of the Inter-collegiate Committee, which is appointed by the several colleges.

SEC. 10. No paper shall be read from any bureau or committee requiring over fifteen minutes, without unanimous consent, but an abstract of the same may be presented.

SEC. 11. The TRANSACTIONS of the Institute shall be issued by the General Secretary within five months after the close of the session, and copies shall be delivered to those entitled to them without individual expense.

SEC. 12. All reports by delegates from various societies and institutions shall be limited to five minutes each.

SEC. 13. In all discussions no speaker shall be allowed more than five minutes, nor to speak more than once upon the same subject, without a vote of consent, taken in the usual manner.

SEC. 14. Members neglecting the payment of dues for three years, after proper notification from the Treasurer, shall have their names dropped from the roll of membership.

SEC. 15. The Executive Committee shall constitute the Committee of Publication.

SEC. 16. The election of officers for the ensuing year, and the determination of the next place for the meeting of the Institute, shall take place at 12 o'clock on Wednesday.

### *Article VIII.*

All complaints relating to a violation of the Code of Ethics of

the Institute shall be referred to the Senate of Seniors for consideration and adjustment, and its decision shall be final without further action of the Institute.

*Article IX.—Amendments.*

These By-Laws may be altered or amended by a vote of two-thirds of the members present at the annual meeting.

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*STANDING RESOLUTIONS.*

*Resolved*, That the pharmacutists of the homœopathic school be recommended to use, in the preparation of drugs by trituration, the proportion of ten grains of the drug to ninety grains of sugar of milk; and, for the sake of uniformity, to retain the numerical designation adopted by Hahnemann, and continued by the majority of homœopathic physicians.—*Adopted June 8, 1854.*

*Resolved*, That it is the duty of the American Institute of Homœopathy to extend a fostering care to the homœopathic medical colleges of the United States, and to exert its influence in directing students of medicine, who are seeking admission to the honors of the profession, to their halls for instruction.

*Resolved*, That the American Institute of Homœopathy does not necessarily indorse the doctrines contained in the reports of committees by accepting and publishing such reports with the *Proceedings*.—*Adopted June 4, 1857.*

*Resolved*, That the Bureau of Clinical Medicine be requested to give attention to the collection of clinical verifications of the symptoms contained in our "*Materia Medica*," and to include such verifications in its reports, with whatever details it deems proper, giving credit to the authors.

*Resolved*, That the Institute invite State societies to co-operate in this work of clinical verification of the "*Materia Medica*."—*Adopted June 9, 1869.*



*Resolved*, That each member of the American Institute will best subserve the interest of homœopathic medicine by using great care to avoid accepting any student of medicine into his office who does not or cannot give evidence of possessing the preliminary education recommended in the report of the Committee on Education.

*Resolved*, That the resolution relating to qualification apply to all students whose terms of pupilage shall commence subsequent to the year 1870, and that every effort be made to acquaint the profession at large with the action of the Institute.—*Adopted June 8, 1870.*

*Resolved*, That hereafter all provings by a single prover, presented through the Bureau of Materia Medica, Pharmacy and Provings, be referred back to the bureau, to be retained by it until a sufficient number of provings are obtained to warrant the bureau in collating the same and presenting them to the Institute for publication; and such collation and presentation shall be a part of the duty of that bureau.—*Adopted June 9, 1874.*

*Resolved*, That *Sectional Meetings* of any bureau may be held at the call of the chairman of that bureau, provided such meetings are not held during the sittings of the Institute, nor during the meetings of the other Sections, except as provided in the adopted order of business.

WHEREAS, It is now a difficult matter to obtain mortuary reports from many of our cities and towns; therefore—

*Resolved*, That this body would recommend to the members of the Institute, that they, in their respective cities and towns, where published reports are to be had, obtain and furnish annually to the Bureau of Sanitary Science, a copy of such published reports; and further, that when such reports are made, State statistical mortuary reports be likewise sent to this bureau.

*Resolved*, That in States, cities and towns where these reports are not made and published, they be urged to publish them for the general good of the country, as well as for local advantages.—*Adopted June 15, 1875.*

*Resolved*, That all papers rejected by the Committee on Publication, and not published with the TRANSACTIONS of the Institute, be

referred back to their authors by the General Secretary, to be disposed of as they may see fit.—*Adopted June 27, 1877.*

*Resolved*, That the Committee of Arrangements, in preparing the order of business for future meetings of the Institute, be requested to set apart a certain time for hearing reports from delegates from institutions and societies who may be present at the meeting; such reports to be limited to five minutes each.—*Adopted June 29, 1877.*

*Resolved*, That the General Secretary shall hereafter furnish to the homœopathic journals editorial copies of the TRANSACTIONS of this Institute.—*Adopted June 26, 1879.*

*Resolved*, That the report of the Bureau of Organization, Registration and Statistics follow that of the Necrologist.

*Resolved*; That the selection of the time and place of meeting and the election of officers take place at noon of the third day of the session.—*Adopted June 15, 1882.*

*Resolved*, That it shall be the duty of the General Secretary to send an official copy of the stenographer's report of all discussions on the subjects submitted by the several bureaus to the authors of the same respectively, for correction, and that such copies shall be returned to the Secretary within one week of the time of their reception.—*Adopted June 15, 1882.*

*Resolved*, That it shall be the especial duty of the Provisional Secretary to make stenographic reports of all debates, keep the records of general business, and furnish the same to the General Secretary for publication; and that the compensation for such service shall be adjusted by the President, Vice-President and Treasurer, acting for the Executive Committee.—*Adopted June 21, 1883.*

*Resolved*, That the names and residences of all applicants for membership be announced by the chairman of the Board of Censors, in open session, at least *six hours* before their election is voted upon.—*Adopted June 2, 1885.*

*Resolved*, That all papers presented in each section, together with

the discussion thereon, shall be referred to the Committee on Publication.—*Adopted June 27, 1887.*

*Resolved*, That in case of vacancy occurring in any bureau or committee, after the announcement of the same by the President, the chairman shall have the power to fill the same, giving prompt notice thereof to the General Secretary of the Institute, who shall include such names in subsequent publications.—*Adopted June 29, 1887.*

*Resolved*, That this Institute condemns the action of any college which graduates an unsuccessful candidate from another college, unless he attends at least one full course of lectures at the college where he applies for a degree.—*Adopted June 30, 1886.*

*Resolved*, That no member shall serve on more than one bureau during any one year.—*Adopted June 30, 1887.*

*Resolved*, That hereafter papers in general session shall not consume more than fifteen minutes in the reading; and that not more than half the time allotted to bureaus in sectional meeting shall be occupied in the reading of papers—papers whose authors are present being given precedence in reading.—*Adopted July 1, 1887.*

*Resolved*, That no report or paper shall be rejected by the Committee on Publication, except with the concurrence of a majority of said committee.—*Adopted June 26, 1888.*

*Resolved*, That in making up the list of existing journals illustrating homœopathy, by the Bureau of Organization, Registration and Statistics, and the Committee on Medical Literature, all such shall be embraced as avow the principle of similars as the dominating principle for the selection of drugs in the cure of the sick, and which also support the organizations of homœopathy as a distinctive body in the medical profession; that no journal thus listed shall be stricken off without formal notice through the General Secretary to the Institute of the reason for any proposed omission from the list, and then not without due notice and opportunity for defence on the part of the journal under consideration, final action on the case being deferred until the succeeding annual meeting. But the name of any journal may be dropped from the list before September, 1889, after failure

to signify its assent to the preceding conditions of its listing, and, if assenting, after subsequent failure to make report to the Institute for three consecutive years.—*Adopted June 27, 1889.*

*Resolved*, That the American Institute of Homœopathy heartily endorses the report and action of the Inter-collegiate Committee in requiring from all graduates from medical colleges after the session of 1890–91 at least three years of medical study, including three full courses of didactic and clinical instruction of at least six months each.

*Resolved*, That this Institute will, after 1891, require from all applicants for membership graduating after that time a full compliance with the above requirements for graduation.

*Resolved*, That from and after the year 1891 the American Institute of Homœopathy will not recognize the diplomas of any college requiring less than three years of study and attendance upon three annual courses of lectures of at least six months each.—*Adopted June 28, 1888.*

*Resolved*, That the Committee on Medical Legislation shall hereafter consist of five members, the term of service of one member expiring each year.—*Adopted June 29, 1888.*

*Resolved*, That a committee of five members, including the General Secretary and the chairman of the committee on Local Arrangements, shall be appointed to arrange the programme and expedite the business of the session.—*Adopted June 29, 1888.*

*Resolved*, That the time allotted to any standing committee for the presentation of its report shall not exceed fifteen minutes.—*Adopted June 29, 1888.*

*Resolved*, That no member of a bureau who has failed to perform active service thereon shall be appointed to its chairmanship for the ensuing year.—*Adopted June 20, 1888.*

*Resolved*, That the American Institute of Homœopathy cordially endorses and approves the action of the Inter-collegiate committee, by which four years has been made the required term of medical study, and the studies of the first year have been definitely

arranged to include the necessary preliminary studies requisite to more advanced medical instruction.

*Resolved*, That it is the duty of every member of the Institute to assist and sustain the medical colleges in their efforts.—*Adopted June 20, 1890.*

*Resolved*, That the Committee of Local Arrangements be instructed to respect the working hours of the Institute session, and to make no provision for entertainments to the members except during the intermissions of the session.—*Adopted June 20, 1890.*

*Resolved*, That hereafter there shall be published in each volume of the TRANSACTIONS: 1. An alphabetical list of members, to include the names of the senior members in CAPITALS. 2. A list of senior members arranged according to their years of membership. 3. A list of members classified by States.—*Adopted June 20, 1890.*

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### *RULES.*

That the list of deceased members of the Institute be revised and republished annually.—*Adopted June 24, 1889; amended June 16, 1890.*

That copies of the statistical reports be furnished to all hospitals and dispensaries that make reports to the Bureau of Organization, Registration and Statistics.—*Adopted June 24, 1889.*

That the Institute begin its annual session on Monday afternoon, and that Monday evening be devoted to the President's Address and the Memorial Service.—*Adopted June 17, 1890.*

That Bureau Chairmen be instructed to follow closely the requirements of Section 3 of Article VII. of the By-Laws in the preparation of their addresses.—*Adopted June 17, 1890.*

That the listed journals and institutions of the Institute be requested to send copies of their papers and publications to the Secretary in exchange for copies of the TRANSACTIONS.—*Adopted June 17, 1890.*

## Register of Membership.

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All members of the Institute who have maintained twenty-five consecutive years of membership shall be considered *Senior Members*, and be exempt from the payment of annual dues; and the names of such members shall be printed first in the list of members, in capital letters.—*Article V., Section 5, of the By-Laws.*

*Resolved*, That hereafter there shall be published, in each volume of the *Transactions*, 1st. An alphabetical list of members, to include the names of the senior members in CAPITALS. 2d. A list of senior members arranged according to their years of membership. 3d. A list of members classified by States.—*Adopted June 20, 1890.*

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### SENIOR MEMBERS.

1844.

BALL, ALONZO S., M.D., 56 W. Fifty-third St., New York, N. Y.  
BOARDMAN, JOSEPH C., M.D., Trenton, N. J.  
KITCHEN, JAMES, M.D., 715 Spruce Street, Philadelphia, Pa.  
MCVICKAR, JOHN A., M.D., 100 E. 17th St., New York, N. Y.  
NEIDHARD, CHARLES, M.D., 1511 Arch Street, Philadelphia, Pa.  
PAINE, HENRY D., M.D., Nutley, N. J.  
WARD, ISAAC M., M.D., Newark, N. J.  
\*WELLS, PHINEAS P., M.D., 158 Clinton Street, Brooklyn, N. Y.

1846.

BERENS, JOSEPH, M.D., Cor. Broad and Green Sts., Philadelphia, Pa.  
EHRMAN, FREDERICK G., M.D., 46 W. 7th Street, Cincinnati, O.  
HALLOCK, LEWIS, M.D., 34 E. 39th Street, New York, N. Y.  
JONES, E. DARWIN, M.D., Albany, N. Y.  
RHEES, MORGAN J., M.D., Wheeling, W. Va.

1847.

CHASE, HIRAM L., M.D., 752 Main Street, Cambridge, Mass.  
GUY, SAMUEL S., M.D., Visalia, Tulare Co., Cal.

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\* Died November 22, 1891.

SHACKFORD, RUFUS, M.D., Portland, Maine.

THAYER, DAVID, M.D., 200 Columbus Ave., Boston, Mass.

1848.

GUERNSEY, EGBERT, M.D., 528 Fifth Avenue, New York, N. Y.

MARCY, ERASTUS E., M.D., 353 Fifth Avenue, New York, N. Y.

PALMER, MILES W., M.D., 235 E. 18th Street, New York, N. Y.

RAYMOND, JONAS C., M.D., 626 Thirteenth Street, Oakland, Cal.

WELLS, LUCIEN B., M.D., 13 Summit Place, Utica, N. Y.

1849.

RODMAN, WILLIAM W., M.D., New Haven, Conn.

1850.

PAINE, HORACE M., M.D., 105 State Street, Albany, N. Y.

SPRINGSTEED, DAVID, M.D., South Woodstock, Conn.

1851.

BELL, WILLIAM C., M.D., Middletown, Conn.

1852.

DAKE, JABEZ P., M.D., 218 North Vine St., Nashville, Tenn.

HAMMOND, MILTON, M.D., 310 North Paca St., Baltimore, Md.

1853.

ANGELL, HENRY C., M.D., 16 Beacon Street, Boston, Mass.

BISSELL, ARTHUR F., M.D., 157 Maiden Lane, New York, N. Y.

HELMUTH, WILLIAM TOD, M.D., 180 W. 59th Street, N. Y.

PAINE, JOSEPH P., M.D., Hotel Eliot, Roxbury, Mass.

SKILES, FRANCIS W., M.D., 160 Remsen Street, Brooklyn, N. Y.

TALBOT, I. TISDALE, M.D., 66 Marlborough Street, Boston, Mass.

1854.

BURGHER, JOHN C., M.D., 960 Penn Avenue, Pittsburgh, Pa.

COX, JAMES W., M.D., 109 State Street, Albany, N. Y.

JONES, ELIJAH W., M.D., Taunton, Mass.

POMEROY, THOMAS F., M.D., 758 High Street, Providence, R. I.

SISSON, EDWARD R., M.D., New Bedford, Mass.

WATSON, WILLIAM H., M.D., 270 Genesee Street, Utica, N. Y.

1855.

FINCKE, BERNHARDT, M.D., 122 Livingston Street, Brooklyn, N. Y.

WILDER, LOUIS DE V., M.D., 55 W. 33d Street, New York, N. Y.

## 1857.

BALDWIN, JARED G., M.D., 8 E. Forty-first St., New York, N. Y.  
BECKWITH, SETH R., M.D., East Orange, N. J.  
HATCH, PHILO L., M.D., Minneapolis, Minn.  
LUDLAM, REUBEN, M.D., 1823 Michigan Avenue, Chicago, Ill.  
SHIPMAN, GEO. E., M.D., 120 S. Wood St., Chicago, Ill.

## 1858.

CAMPELL, MELANCTHON W., M.D., Troy, N. Y.  
DETWILLER, JOHN J., M.D., Easton, Pa.  
FULGRAFF, OTTO, M.D., 6 Lexington Avenue, New York, N. Y.  
JONES, JOSEPH E., M.D., West Chester, Pa.  
KELLOGG, EDWIN M., M.D., 115 E. 37th St., New York, N. Y.  
LOUGEE, WILLIAM H., M.D., Lawrence, Mass.  
MINTON, HENRY, M.D., 165 Joralemon Street, Brooklyn, N. Y.  
VERDI, TULLIO S., 815 Fourteenth Street, Washington, D. C.  
WEST, EDWIN, M.D., 111 W. Washington Place, New York, N. Y.

## 1859.

CULLIS, CHARLES, M.D., 16 Somerset Street, Boston, Mass.  
FARNSWORTH, CHARLES H., M.D., East Cambridge, Mass.  
HOBSON, JOSEPH V., M.D., Lynchburg, Va.  
HOUGHTON, HENRY A., M.D., 12 Cordis Street, Boston, Mass.  
JAMES, BUSHROD W., M.D., Cor. Green & 18th Sts., Phila., Pa.  
JEFFERDS, GEORGE P., M.D., Bangor, Maine.  
ORME, FRANCIS H., M.D., 42 North Forsyth Street, Atlanta, Ga.  
PRATT, LESTER M., M.D., 104 State Street, Albany, N. Y.  
SANDERS, OWEN S., M. D., 511 Columbus Avenue, Boston, Mass.  
SHERMAN, JOHN H., M.D., 534 Broadway, Boston, Mass.  
SPARHAWK, GEORGE E. E., M.D., Burlington, Vt.  
WESSELHCEFT, CONRAD, M.D., 291 Boylston Street, Boston, Mass.  
WESSELHCEFT, W. P., M.D., 176 Commonwealth Av., Boston, Mass.  
\*WILD, EDWARD A., M.D. [Residence unknown.]  
WILSON, GROVE H., M.D., Meriden, Conn.

## 1860.

BRADFORD, F. STANBISH, M.D., Morristown, N. J.  
HALL, GEORGE A., M.D., 2400 Prairie Avenue, Chicago, Ill.

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\* Died June, 1891.



HOLCOMBE, WM. H., M.D., 288 St. Charles St., New Orleans, La.  
 JOHNSON, ISAAC D., M.D., Kennett Square, Pa.  
 PAYNE, JAMES H., M.D., 342 Commonwealth Ave., Boston, Mass.  
 SANDERS, JOHN C., M.D., 308 Prospect Street, Cleveland, O.  
 SMITH, HENRY M., M.D., Spuyten Duyvil, New York, N. Y.  
 SMITH, T. FRANKLIN, M.D., 264 Lenox Avenue, New York, N. Y.  
 WHITE, THEODORE C., M.D., 21 S. Clinton Street, Rochester, N. Y.  
 WOOD, ORLANDO S., M.D., Omaha, Neb.

## 1865.


BECKWITH, D. H., M.D., 528 Prospect Street, Cleveland, O.  
 BERICKE, FRANCIS E., M.D., 921 Arch Street, Philadelphia, Pa.  
 BRADFORD, T. C., M.D., 315 Race Street, Cincinnati, O.  
 HALR, EDWIN M., M.D., 65 Twenty-second Street, Chicago, Ill.  
 HAYNES, J. R., M.D., 120 N. Meridian St., Indianapolis, Ind.  
 KREBS, FRANCIS H., M.D., 42 Union Park, Boston, Mass.  
 OWENS, WILLIAM, M.D., Cor. 7th and John Sts., Cincinnati, O.  
 RANKIN, JOHN S., M.D., 308 Grant St., Pittsburgh, Pa.  
 RUSH, R. B., M.D., 120 Main Street, Salem, O.  
 WEBSTER, W., M.D., 127 S. Ludlow Street, Dayton, O.  
 WILSON, T. P., M.D., 88 Lafayette Avenue, Detroit, Mich.

## 1866.

ALLEN, TIMOTHY FIELD, M.D., 10 E 36th St., New York, N. Y.  
 COGSWELL, C. H., M.D., 65 Second Avenue, Cedar Rapids, Ia.  
 COMSTOCK, T. GRISWOLD, M.D., 507 N. 14th Street, St. Louis, Mo.  
 COOPER, J. F., M.D., 105 Arch Street, Allegheny City, Pa.  
 DAKE, B. F., M.D., 814 Penn Avenue, Pittsburgh, Pa.  
 DUNCAN, T. C., M.D., 100 State Street, Chicago, Ill.  
 \*EARHART, J. R., M.D., 1904 Arch Street, Philadelphia, Pa.  
 GARSIDE, WILLIAM B., Atlantic City, N. J.  
 JAMES, JOHN E. M.D., 1521 Arch Street, Philadelphia, Pa.  
 McMURRAY, ROBERT, M.D., 234 Second Ave., New York, N. Y.  
 MITCHELL, JOHN J., M.D., Newburgh, N. Y.  
 MITCHELL, J. S., M.D., 2954 Michigan Avenue, Chicago, Ill.  
 ROBINSON, S. A., M.D., West New Brighton, N. Y.  
 TOWNSEND, E. W., M.D., Greensburg, Pa. •  
 WETMORE, JOHN McE., M.D., 41 E. 29th Street, New York, N.Y.

*ALPHABETICAL LIST OF MEMBERS.*

The figures placed before the names indicate the date of membership. Names in SMALL CAPITALS are "Senior Members."

 Members are requested to inform the General Secretary of any change in their addresses. Those residing in a city are requested to furnish him with their *street* addresses.

*Article VII., Section 14, of the By-Laws.*

Members neglecting the payment of dues for three years, after proper notification from the Treasurer, shall have their names dropped from the roll of membership.

- 1886. Adams, C. B., M.D., New Haven, Conn.
- 1887. Adams, George Smith, M.D., Westborough, Mass.
- 1876. Adams, Reuben A., M.D., 31 North Fitzhugh Street, Rochester, N. Y.
- 1867. Albertson, J. A., M.D., 119 Powell St., San Francisco, Cal.
- 1888. Aldrich, H. C., M.D., 53 Syndicate Block, Minneapolis, Minn.
- 1881. Allen, Albion H., New London, Conn.
- 1880. Allen, Charles, M.D., 415 Seventh Street, S. W., Washington, D. C.
- 1873. Allen, George D., M.D., Portland, Mich.
- 1872. Allen, Henry C., M.D., 5401 Jefferson Avenue, Chicago, Ill.
- 1891. Allen, Jonathan H., M.D., Rockville, Conn.
- 1887. Allen, Lamson, M.D., Southbridge, Mass.
- 1891. Allen, Paul, M.D., 134 W. 44th Street, New York, N. Y.
- 1871. Allen, Richard C., M.D., 4519 Frankford Avenue, Philadelphia, Pa.
- 1866. ALLEN, TIMOTHY FIELD, M.D., 10 E. 36th St., New York.
- 1889. Allen, Wilson A., M.D., Rochester, Minn.
- 1868. Alvord, Samuel, M.D., Chicopee Falls, Mass.
- 1890. Amesbury, Walter Raleigh, M.D., 33 Camp St., Providence, R. I.
- 1890. Andrews, Sarah W., M.D., 325 Bowen Ave., Chicago, Ill.
- 1853. ANGELL, HENRY C., M.D., 16 Beacon St., Boston, Mass.
- 1891. Angell, Samuel Winter, M.D., 767 Carondelet Street, New Orleans, La.

1891. Applegate, G. T., M.D., 25 Livingston Ave., New Brunswick, N. J.
1869. Arcularius, Philip E., M.D., 57 E. 21st Street, New York.
1882. Arndt, Hugo R., M.D., 951 Sixth St., San Diego, Cal.
1891. Arschagouni, John, M.D., Ward's Island, New York, N. Y.
1891. Artz, Jerome L., M.D., Dudley, N. J.
1889. Ashley, Thomas W., M.D., River Falls, Wis.
1891. Babbitt, Zeno B., M.D., 810 Eleventh St., N. W., Washington, D. C.
1885. Babcock, D. A., M.D., Fall River, Mass.
1871. Bacon, Chas. A., M.D., 1312 Connecticut Avenue, Washington, D. C.
1889. Bacon, Sarah E., M.D., 171 Twenty-second St., Chicago, Ill.
1874. Baethig, Henry, M.D., 350 Pennsylvania St., Buffalo, N. Y.
1870. Bagley, H. B., M.D., Seattle, Washington.
1887. Bailey, Alfred W., M.D., Atlantic City, N. J.
1888. Bailey, Benjamin F., M.D., Lincoln, Neb.
1889. Bailey, E. Stillman, M.D., 3034 Michigan Ave., Chicago, Ill.
1881. Baker, Almena J., M.D., 168 W. Newton St., Boston, Mass.
1891. Baker, Frank W., M.D., Kokomo, Ind.
1875. Baker, Milton H., M.D., Highland Park, Ill.
1871. Baldwin, Aaron, M.D., 219 E. Capitol St., Washington, D. C.
1857. BALDWIN, JARED G., M.D., 8 E. 41st St., New York, N. Y.
1888. Baldwin, Orpha D., M.D., 216 J. St., East Side, Portland, Oregon.
1844. BALL, ALONZO S., M.D., 53 W. 53d St., New York, N. Y.
1883. Ballard, Laura A., M.D., 205 Powell St., San Francisco, Cal.
1868. Bancroft, Walton, M.D., Keokuk, Iowa.
1891. Banker, Pierre A., M.D., Elizabeth, N. J.
1889. Banton, Benson, M.D., Waterloo, Iowa.
1888. Barber, Oscar M., M.D., Mystic Bridge, Conn.
1888. Barden, John M., M.D., Mansfield, Pa.
1881. Barker, Clarence F., M.D., Manistee, Mich.
- \*1867. Barker, William C., M.D., Waukegan, Ill.
1891. Barnard, Charles A., M.D., Centerdale, R. I.
1891. Barnard, James S., M. D., 2111 St. Paul Street, Baltimore, Md.
1890. Barnes, Francis G., M.D., Port Bryon, Cayuga Co., N. Y.

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\* Died, September 10, 1891.

1881. Barnett, Amelia, M.D., 261 W. 23d St., New York.  
1868. Barrows, George S., M.D., Marion, Kan.  
1886. Bartlett, Clarence, M.D., 1506 Arch Street, Phila., Pa.  
1873. Bartlett, Henry H., M.D., Leslie, Mich.  
1889. Bascom, Henry M., M.D., Ottawa, Ill.  
1880. Bassett, John S., M.D., 11 W. Thirty-first St., New York.  
1868. Baxter, Harris H., 791 Prospect St., Cleveland, O.  
1891. Bayley, Weston D., M.D., 1640 S. Broad Street, Philadelphia, Pa.  
1867. Baylies, B. L. B., M.D., 418 Putnam Ave., Brooklyn, N. Y.  
1887. Baynum, Mary H., M.D., 14 Hancock St., Boston, Mass.  
1890. Beach, Joseph P., M.D., Neenah, Wis.  
1889. Becker, Frederick, M.D., Clermont, Iowa.  
1889. Becker, Frederick J., M.D., Postville, Ia.  
1878. Becker, Fred. W., M.D. [Residence unknown.]  
1865. BECKWITH, D. H., M.D., 528 Prospect St., Cleveland, O.  
1857. BECKWITH, SETH R., M.D., East Orange, N. J.  
1886. Bedell, Leila G., M.D., 181 Dearborn Ave., Chicago, Ill.  
1877. Beebe, Clarence E., M.D., 21 W. 37th Street, New York.  
1870. Beebe, E. W., M.D., 173 Wisconsin St., Milwaukee, Wis.  
1876. Beebe, Henry E., M.D., Sidney, O.  
1891. Beebe, William B., M.D., Bridgeport, Conn.  
1868. Bell, James B., M.D., 178 Commonwealth Ave., Boston, Mass.  
1867. Bell, James S., M.D., Canton, S. Dakota.  
1851. BEIL, WILLIAM C., M.D., Middletown, Conn.  
1877. Bellows, Howard P., M.D., 118 Boylston St., Boston, Mass.  
1872. Bender, Prosper, M.D., 314 Boylston St., Boston, Mass.  
1881. Bennett, James A., M.D., 4 Irving Place, New York.  
1889. Bennett, John C., M.D., Kansas City, Mo.  
1881. Bennett, N. K., M.D., 142 Wilson Street, Brooklyn, N. Y.  
1889. Bennett, William Henry, M.D., Fitchburg, Mass.  
1888. Bennitt, Francis M., M.D., Chicopee, Mass.  
1846. BERENS, JOSEPH, M.D., Corner Broad and Green Streets, Philadelphia, Pa.  
1872. Berghaus, Alex., M.D., 138 E. Sixty-fifth St., New York.  
1889. Berrick, Francis H., M.D., Buchanan, Mich.  
1890. Best, George B., M.D., Englewood, N. J.  
1870. Betts, B. Frank, M.D., 1609 Girard Ave., Philadelphia, Pa.  
1874. Biegler, Jos. A., M.D., 58 S. Clinton St., Rochester, N. Y.

1887. Bier, Peter A., M.D., 4200 Butler St., Pittsburgh, Pa.  
1891. Biggar, George G., M.D., Geneva, O.  
1868. Biggar, H. F., M.D., Cleveland, O.  
1876. Bigler, William H., M.D., 118 N. Twelfth St., Phila., Pa.  
1871. Bingaman, C. F., M.D., 922 Penn Ave., Pittsburgh, Pa.  
1887. Birdsall, Asahel H., M.D., 1038 Bedford Avenue, Brooklyn, N. Y.  
1881. Birdsall, Stephen T., M.D., Glens Falls, N. Y.  
1869. Bishop, Herbert M., M.D., 289 Main Street, Norwich, Conn.  
1891. Bishop, William H., M.D., 41 E. 12th Street, New York, N. Y.  
1853. BISSEL, ARTHUR F., M.D., 157 Maiden Lane, New York, N. Y.  
1891. Bittinger, Frank D., M.D., 23 W. Fourth Street, Dayton, O.  
1891. Blackman, Orville B., M.D., Dixon, Ill.  
1891. Blackwood, Thomas R., M.D., 917 S. 5th St, Camden, N. J.  
1887. Blodgett, S. H., M.D., 880 Main Street, Cambridge, Mass.  
1869. Bloss, J. P., M.D., 45 Second Street, Troy, N. Y.  
1844. BOARDMAN, JOSEPH C., M.D., Trenton, N. J.  
1865. BOERICKE, F. E., M.D., 921 Arch St., Philadelphia, Pa.  
1883. Boericke, Wm., M.D., 330 Sutter St., San Francisco, Cal.  
1874. Bond, Mary E., M.D., 122 Lexington Ave., New York.  
1889. Bonham, John C., M.D., 701 Fourth St., Sioux City, Ia.  
1891. Boocock, Robert, M.D., Flatbush, N. Y.  
1880. Boothby, Alonzo, M.D., 260 Clarendon St., Boston, Mass.  
1890. Bothfeld, James F., M.D., Concord, N. H.  
1869. Bowen, Geo. W., M.D., 232 East Washington St., Fort Wayne, Ind.  
1871. Bowie, Alonzo P., M.D., Uniontown, Pa.  
1869. Bowman, Benjamin, M.D., Chambersburg, Pa.  
1889. Bowman, Frederick C., M.D., Duluth, Minn.  
1891. Boyd, J. S., M.D., New Brighton, Pa.  
1888. Boyd, Philander S., M.D., 610 Monroe St., Nashville, Tenn.  
1870. Boyer, Francis W., M.D., Pottsville, Pa.  
1889. Boyer, Walter N., M.D. [Residence unknown.]  
1874. Boynton, Frank H., M.D., 34 W. 32d St., New York.  
1860. BRADFORD, F. STANDISH, M.D., Morristown, N. J.  
1865. BRADFORD, T. C., M.D., 315 Race St., Cincinnati, Ohio.  
1869. Bradford, Thos. L., M.D., 1862 Frankford Ave., Phila., Pa.  
1882. Bradley, Benjamin A., M.D., 226 Main Ave., Avondale, Cincinnati, O.

1883. Bradner, Ira S., M.D., Middletown, N. Y.  
 1891. Branin, John W., M.D., Mount Holly, N. J.  
 1891. Branson, Mary, M.D., 1719 Arch Street, Philadelphia, Pa.  
 1877. Branstrup, William T., M.D., Topeka, Kan.  
 1889. Bray, Nicholas, M.D., Dubuque, Ia.  
 1890. Brayton, Samuel N., M.D., 202 Delaware Ave., Buffalo, N. Y.  
 1889. Brazie, Henry W., M.D., 1006 Fourth Avenue, S., Minneapolis, Minn.  
 1891. Brewster, Cora B., M.D., 1027 Madison Ave., Baltimore, Md.  
 1891. Brewster, Flora A., M.D., 1027 Madison Ave., Baltimore, Md.  
 1869. Breyfogle, Charles W., M.D., San Jose, Cal.  
 1873. Breyfogle, W. L., M.D., New Albany, Ind.  
 1890. Brickley, Laura C., M.D., Harrison, O.  
 1883. Briggs, Elmer E., M.D., 20 Washington Ave., Pittsburgh, Pa.  
 1889. Briggs, W. S., M.D., St. Paul, Minn.  
 1869. Briry, Milton S., M.D., Bath, Maine.  
 1876. Brown, Asa W., M.D., Providence, R. I.  
 1891. Brown, Christian H., M.D., 1820 Diamond Street, Philadelphia, Pa.  
 1890. Brown, Dagmar M., M.D., Waupaca, Wis.  
 1867. Brown, Edward V., North Tarrytown, N. Y.  
 1891. Brown, Manuel Jay, M.D., Salina, Kansas.  
 1891. Brown, M. Belle, M.D., 135 W. 34th St, New York, N. Y.  
 1872. Brown, Samuel, M.D., 651 N. Tenth St., Philadelphia, Pa.  
 1867. Bryant, Melville, M.D., 54 Green Ave., Brooklyn, N. Y.  
 1891. Brownell, Clarence M., M.D., Stroudsburg, Pa.  
 1891. Buck, Edgar C., M.D., 124 W. 7th Street, Cincinnati, O.  
 1869. Buck, J. D., M.D., 124 W. Seventh St., Cincinnati, O.  
 1891. Buck, Michael J., M.D., Baltimore, Md.  
 1885. Buddeke, Ivo W., M.D., Memphis, Tenn.  
 1868. Budlong, John C., M.D., Providence, R. I.  
 1873. Buffum, J. H., M.D., 100 State Street, Chicago, Ill.  
 1887. Bullard, J. Arthur, Wilkesbarre, Pa.  
 \*1867. Burdick, Stephen P., M.D., 1409 Grove St., Oakland, Cal.  
 1854. BURGHER, JOHN C., M.D., 960 Penn Ave., Pittsburgh, Pa.  
 1891. Burling, J., M.D., Summit, N. J.

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\* Died December 19, 1891.



1891. Burnham, Clark, M.D., 182 Clinton St., Brooklyn, N. Y.  
1891. Burnham, Norman G., M.D., Denver, Col.  
1889. Burns, Judson D., M.D., Grundy Centre, Ia.  
1890. Burnside, A. W., M.D., Chicago, Ill.  
1886. Burritt, Alice, M.D., Washington and 11th Sts, Oakland, Cal.  
1883. Burroughs, Amelia, M.D., 1617 Dodge St., Omaha, Neb.  
1890. Burroughs, Frank S., M.D., Menasha, Wis.  
1875. Butler, Clarence W., M.D., Montclair, N. J.  
1873. Butler, W. M., M.D., 507 Clinton Ave., Brooklyn, N. Y.
1876. Campbell, James A., M.D., 1729 Washington Avenue, St. Louis, Mo.
1858. CAMPBELL, MELANCTHON W., M.D., Troy, N. Y.
1886. Candee, J. Willis, M.D., 402 Warren St., Syracuse, N. Y.
1873. Canfield, Corresta T., M.D., 244 Lincoln Ave., Chicago, Ill.
1891. Canfield, Martha A., M.D., 24 Streator St., Cleveland, O.
1889. Canfield, Pauline Emerson, M.D., Kansas City, Mo.
1890. Capron, C. Gray, M.D., Utica, N. Y.
1889. Carlson, Oscar W., M.D., 425 Milwaukee Street, Milwaukee, Wis.
1883. Carmichael, John H., M.D., 41 Maple St., Springfield, Mass.
1891. Carmichael, Thomas H., M.D., 4830 Main St., Gtn., Philadelphia, Pa.
1891. Carr, Ada, M.D., Vreeland Ave., Paterson, N. J.
1891. Carter, John T., M.D., 106 Euclid Ave., Cleveland, O.
1882. Carvill, Alphonso H., M.D., Somerville, Mass.
1881. Case, Erastus E., M.D., 109 Ann Street, Hartford, Conn.
1891. Chalmers, Robert, M.D., Woburn, Mass.
1889. Chamberlain, Myron H., M.D., Council Bluffs, Ia.
1891. Chandlee, Henry, M.D., 1019 Linden Ave., Baltimore, Md.
1891. Chapin, Edward, M.D., 21 Schermerhorn Street, Brooklyn, N. Y.
1890. Chapman, Edward E. K., M.D., Defiance, O.
1875. Chapman, Millie J., M.D., 916 Penn Ave., Pittsburgh, Pa.
1890. Chase, Charles E., M.D., Utica, N. Y.
1876. Chase, Herbert A., M.D., 772 Main St., Cambridgeport Mass.
1847. CHASE, HIRAM L., M.D., 752 Main St., Cambridge, Mass.
1871. Chase, Maurice J., M.D., Galesburg, Ill.
1870. Cheney, Benj. H., M.D., 45 Elm St., New Haven, Conn.

1891. Chipman, Anna Mary, M.D., 81 Roxbury Street, Roxbury, Mass.
1890. Chislett, Howard Roy, M.D., Chicago, Ill.
1891. Choate, Rufus, M.D., 3267 O. Street, Washington, D. C.
1891. Church, Adaline B., M.D., 102 Huntingdon Avenue, Boston, Mass.
1871. Church, Charles A., M.D., Passaic, N. J.
1882. Church, Thos. T., M.D., 70 East Main Street, Salem, Ohio.
1891. Churchill, Ann Ervilla, M.D., Monroe, Wis.
1881. Clapp, J. Wilkinson, M.D., Brookline, Mass.
1886. Clark, Byron G., M.D., 162 W. 122d Street, New York.
1891. Clark, Charles W., M.D., Winnipeg, Manitoba.
1891. Clark, Edwin J., M.D., Longmont, Col.
1891. Clark, Ernest A., M.D., Ann Arbor, Mich.
1888. Clark, Frank M., M.D., Salem, Ohio.
1887. Clark, Lyman A., M.D., Cambridge, N. Y.
1888. Clarke, Henry L., M.D., 35 Court St., Westfield, Mass.
1887. Claypool, Albert, M.D., Toledo, Ohio.
1889. Clements, Thomas O., M.D., Dover, Del.
1889. Clifford, George G., M.D., San Antonio, Texas.
1888. Closson, James H., M.D., 70 W. Cheltenham Ave., Germantown, Philadelphia, Pa.
1890. Cobb, Joseph P., M.D., 207 Thirty-first Street, Chicago, Ill.
1869. Coburn, Edward S., M.D., 91 Fourth Street, Troy, N. Y.
1866. COGSWELL, C. H., M.D., 65 Second Ave., Cedar Rapids, Ia.
1886. Colby, Edwin A., M.D., Gardner, Mass.
1890. Colby, Edward P., M.D., Wakefield, Mass.
1890. Cole, Beder A., M.D., West Lima, Wis.
1883. Cole, Directus De Forest, M.D., Morrisville, N. Y.
1883. Cole, Ezra Z., M.D., Michigan City, Ind.
1869. Compton, J. Augustine, M.D., Indianapolis, Ind.
1866. COMSTOCK, T. G., M.D., 507 N. 14th Street, St. Louis, Mo.
1876. Conant, Thomas, M.D., Gloucester, Mass.
1891. Condon, Edward H., M.D., 1403 W. Fayette Street, Baltimore, Md.
1881. Cook, Joseph T., M.D., 138 Delaware Ave., Buffalo, N. Y.
1886. Cooke, Persifor Marsden, M.D., 1624 Welton St., Denver, Col.
1891. Coolidge, John W., M.D., Scranton, Pa.
1891. Cooper, Isaac, M.D., Trenton, N. J.



1891. Cooper, Peter, M.D., 918 West St., Wilmington, Del.  
1874. Coon, Henry C., M.D., Alfred Centre, N. Y.  
1866. COOPER, J. F., M.D., 105 Arch Street, Allegheny City, Pa.  
1874. Corbin, John L., M.D., Athens, Pa.  
1891. Corey, Waterman F., M.D., 1305 R St., N. W., Washington, D. C.  
1891. Cornelius, Robert W. B., M.D., 2516 N. Sixth St., Philadelphia, Pa.  
1888. Cornell, Albert B., M.D., Kalamazoo, Mich.  
1873. Cossart, A. B., M.D., 1421 Lexington Avenue, New York.  
1877. Couch, Asa S., M.D., Fredonia, N. Y.  
1876. Couch, Louis B., Nyack, N. Y.  
1890. Coutant, George F., M.D., La Salle, Ill.  
1891. Covey, Alfred Dale, M.D., Grand Ledge, Mich.  
1891. Covey, Calvin Edson, M.D., Port Huron, Mich.  
1883. Cowl, Walter Y., M.D., 310 W. 45th Street, N. Y.  
1875. Cowperthwaite, Allen C., M.D., Iowa City, Iowa.  
1854. COX, JAMES W., M.D., 109 State Street, Albany, N. Y.  
1878. Cranch, Edward, M.D., Erie, Pa.  
1890. Crandall, Casper L., M.D., 48 Culmer Blk., Salt Lake City, Utah.  
1891. Crandall, Willis Augustine, M.D., Sturgis, Mich.  
1874. Crank, C. D., M.D., 106 Auburn Avenue, Cincinnati, O.  
1883. Crawford, Alex. K., M.D., 70 State Street, Chicago, Ill.  
1883. Crawford, John M., M.D., 136 W. 8th Street, Cincinnati, O.  
1885. Crippen, H. H., M.D., Salt Lake City, Utah.  
1891. Croft, Willard B., M.D., Madison, O.  
1885. Crosby, George W., M.D., 716 Atlantic Ave., Atlantic City, N. J.  
1869. Cross, Hiram B., M.D., 21 Seavern's Avenue, Jamaica Plain Boston, Mass.  
1890. Cross, Hiram E., M.D., Baraboo, Wis.  
1891. Crowther, Isaac, M.D., Chester, Pa.  
1891. Cullen, James F., M.D., Philadelphia, Pa.  
1859. CULLIS, CHARLES, M.D., Beacon Hill Place, Boston, Mass.  
1886. Culver, Mrs. Jane Kendrick, M.D., 698 Tremont Street, Boston, Mass.  
1881. Cummings, M. Louisa, M.D., 6 Somerset Street, Boston, Mass.  
1867. Currier, C. B., M.D., 921½ Geary Street, San Francisco, Cal.

1867. Cushing, Alvin M., M.D., 175 State St., Springfield, Mass.  
1889. Custis, George W. N., M.D., 110 E. Capitol St., Washington, D. C.  
1879. Custis, J. B. G., M.D., 110 E. Capitol St., Washington, D. C.  
1869. Cutler, William C., M.D., 10 Everett Ave., Chelsea, Mass.  
1891. Daily, John C., M.D., Fort Smith, Ark.  
1887. Dake, Addie B. (Crowley), M.D., 149 Main St., Geneva, N. Y.  
1866. Dake, B. F., M.D., 815 Penn Avenue, Pittsburgh, Pa.  
1881. Dake, Charles, M.D., Hot Springs, Ark.  
1887. Dake, Frank B., M.D., Nashville, Tenn.  
1852. Dake, Jabez P., M.D., 218 North Vine Street, Nashville, Tenn.  
1877. Dake, Walter M., M.D., 218 N. Vine Street, Nashville, Tenn.  
1872. Dake, William C., M.D., 218 N. Vine Street, Nashville, Tenn.  
1890. Dale, Harvey, M.D., Oshkosh, Wis.  
1879. Danforth, L. L., M.D., 35 W. 51st St., New York.  
1890. Daniels, James S., M.D., Omro, Wis.  
1886. Darling, William W., M.D., Newport, Sullivan Co., N. H.  
1883. Davis, E. Everett, M.D., 4321 Aspen Street, Philadelphia, Pa.  
1875. Davis, Fielding L., M.D., Evansville, Ind.  
1878. Davis, John E. L., M.D., 34 E. 39th St., New York.  
1891. Day, Leonidas A. L., M.D., Martinsburg, W. Va.  
1868. Dayfoot, Herbert M., M.D., 41 Sophia Street, Rochester, N. Y.  
1887. Deady, Charles, M.D., 11 E. 29th Street, N. Y.  
1881. Dean, Edward W., M.D., Braddock, Pa.  
1891. Dearborn, Henry M., M.D., 152 W. Fifty-seventh St., New York, N. Y.  
1869. De Derkey, F. F., M.D., Mobile, Ala.  
1888. Defendorf, John J., M.D., Ionia, Mich.  
1881. Demarest, John H., M.D., 1969 Madison Avenue, New York.  
1869. Dennis, Laban, M.D., 30 Central Avenue, Newark, N. J.  
1890. Dennison, Ira Warren, M.D., Washington, D. C.  
1891. DePuy, Robert G., M.D., Jamestown, N. Dak.  
1875. Deschere, Martin, M.D., 334 W. 58th Street, New York, N. Y.  
1858. DETWILLER, JOHN J., M.D., Easton, Pa.

1889. Dewey, Willis A., M.D., 824 Sutter St., San Francisco, Cal.  
 1890. Diederich, Peter, M.D., Kansas City, Kan.  
 1889. Diessner, Henry Richard, M.D., Waconia, Minn.  
 1883. Dillow, George Morris, M.D., 102 W. 43d St., New York, N. Y.  
 1887. Dills, Malcolm, M.D., Carlisle, Ky.  
 1878. Dinsmore, Samuel W. S., M.D., Sharpsburg, Pa.  
 1887. Docking, Thomas, M.D., 643 Sixth Street, San Diego, Cal.  
 1891. Dolan, A. Stanley, M.D., Fergus Falls, Minn.  
 1872. Doughty, Francois E., M.D., 112 Madison Ave., N. Y.  
 1887. Dowling, George B., M.D., Orange, N. J.  
 \*1867. Dowling, John W., M.D., 6 E. 43d Street, N. Y.  
 1887. Dowling, John W., Jr., M.D., 152 W. 49th St., New York.  
 1882. Downey, F. Edgar, M.D., Clinton, Ill.  
 1891. Drake, Harlan B., M.D., 284 B Street, Portland, Ore.  
 1871. Drake, Olin M., M.D., Ellsworth, Maine.  
 1891. Drane, Frank C., M.D., 1001 W. Lanvale Street, Baltimore, Md.  
 1869. Dudley, Pemberton, M.D., S. W. corner 15th and Master Streets, Philadelphia, Pa.  
 1884. Du Four, William Morgan, M.D., Williamsport, Pa.  
 1866. DUNCAN, T. C., M.D., 100 State Street, Chicago, Ill.  
 1891. Dunn, Charles N., M.D., 200 Broadway, Centralia, Ill.  
 1890. Dunn, Wesley A., M.D., Central Music Hall Chicago, Ill.  
 1891. Dwinell, Byron L., M.D., Taunton, Mass.  
 †1866. EARHART, J. R., M.D., 1904 Arch Street, Philadelphia, Pa.  
 1881. Eastman, Arthur M., M.D., St. Paul, Minn.  
 1891. Eaton, Charles Woodhull, M.D., 420 Walnut Street, Des Moines, Ia.  
 1877. Eaton, J. Albro, M.D., 94 Taylor Street, Brooklyn, N. Y.  
 1876. Eckel, John N., M.D., 324 Geary Street, San Francisco, Cal.  
 1871. Edmundson, Walter F., M.D., 375 Fifth Ave., Pittsburgh, Pa.  
 1872. Edson, Susan A., M.D., 1308 I St., N. W., Washington, D. C.  
 1885. Ehinger, George E., M.D., Keokuk, Iowa.  
 1846. EHRMAN, FREDERICK G., M.D., 46 W. 7th Street, Cincinnati, O.  
 1891. Elder, William R., M.D., 216 N. 6th St., Terre Haute, Ind.

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\* Died January 15, 1892.

† Died June 23, 1891.

1869. Elliott, Joseph B., M.D., 493 Clinton Ave., Brooklyn, N. Y.  
1891. Emerson, Nathaniel Waldo, M.D., 118 Hancock St., Boston, Mass.  
1867. Ermentraut, John P., M.D., 261 E. 4th Street, New York.  
1874. Evans, Albert J., M.D., Lockport, N. Y.  
1875. Everett, Ambrose S., M.D., 1646 Tremont St., Denver, Col.  
1891. Everhart, Oliver T., M.D., Hanover, Pa.  
1890. Ewing, Alice A., M.D., Hyde Park, Chicago, Ill.  
  
1871. Fager, Charles B., M.D., 120 Walnut Street, Harrisburg, Pa.  
1882. Fahnestock, Joseph C., M.D., Piqua, Ohio.  
1859. FARNSWORTH, CHARLES H., M.D., East Cambridge, Mass.  
1887. Faust, Louis, M.D., Schenectady, N. Y.  
1887. Fay, Charlotte H., M.D., Springfield, Mass.  
1886. Felch, Albert H., M.D., 2656 Colfax Ave., Minneapolis, Minn.  
1890. Fellows, Charles G., M.D., 70 State Street, Chicago, Ill.  
1867. Fellows, H. Barton, M.D., 2969 Indiana Ave., Chicago, Ill.  
1891. Ferson, John L., M.D., 139 Wylie St., Pittsburgh, Pa.  
1891. Fickel, James G., M.D., Carlisle, Pa.  
1868. Finch, Edward W., M.D., New Rochelle, N. Y.  
1855. FINCKE, BERNHARDT, M.D., 122 Livingston Street, Brooklyn, N. Y.  
1888. Finney, Everett B., M.D., 1319 Q Street, Lincoln, Neb.  
1873. Fisher, A. Leroy, M.D., 315 Pigeon St., Elkhart, Ind.  
1884. Fisher, Charles E., M.D., San Antonio, Texas.  
1891. Fisher, H. F., M.D., 514 Houston St., Fort Worth, Tex.  
1867. Fiske, Wm. M. L., M.D., 484 Bedford Ave., Brooklyn, N. Y.  
1869. Flanders, David P., M.D., Belfast, Maine.  
1879. Flanders, Martha J., M.D., Lynn, Mass.  
1891. Fleming, John R., M.D., Atlantic City, N. J.  
1884. Fleming, Richard K., M.D., 6224 Station St., Pittsburgh, Pa.  
1891. Flinn, Lewis H., M.D., 510 W. 9th St., Wilmington, Del.  
1870. Flowers, J. R., M.D., 38 East Town St., Columbus, O.  
1874. Forbes, George F., M.D., West Brookfield, Mass.  
1881. Foss, David, M.D., Newburyport, Mass.  
1880. Foster, Richard N., M.D., 10 Warren Ave., Chicago, Ill.  
1867. Foster, William D., M.D., 420 West Eleventh Street, Kansas City, Mo.

1888. Fowler, De Witt C., M.D., Aberdeen, S. Dakota.  
1889. Franklin, William A., M.D., Wahpeton, N. Dakota.  
1887. Freeman, Elisha R., M.D., Wapakoneta, Ohio.  
1886. Freer, Jas. A., M.D., 924 New York Ave., Washington, D.C.  
1875. French, Hayes C., M.D., 114 Geary St., San Francisco, Cal.  
1889. Fryberger, William O., M.D., 408 Nicollet Avenue, Minneapolis, Minn.  
1885. Fuller, Charles Gordon, M.D., 39 Central Music Hall, Chicago, Ill.  
1858. FULLGRAFF, OTTO, M.D., 6 Lexington Avenue, New York, N. Y.  
1874. Fulton, Henry W., M.D., 5949 Penn Ave., Pittsburgh, Pa.  
  
1886. Gale, Charles A., M.D., Rutland, Vt.  
1891. Galloway, William L., M.D., 3021 Easton Ave., St. Louis, Mo.  
1890. Gann, John A., M.D., Wooster, O.  
1891. Gannett, James C., M.D., Yarmouth, Me.  
1884. Gardner, Franklin A., M.D., 1016 Fourteenth Street, N. W., Washington, D. C.  
1891. Garey, Henry F., M.D., 411 N. Charles St., Baltimore, Md.  
1866. GARSIDE, WILLIAM B., Atlantic City, N. J.  
1889. Gatchell, Charles, M.D., Ann Arbor, Mich.  
1869. Gause, Owen B., M.D., Aiken, S. C.  
1881. Geiser, S. R., M.D., 303 Baymiller Street, Cincinnati, O.  
1880. Gentry, William D., 182 State St., Chicago, Ill.  
1889. Geisse, Emma C., M.D., 37 Adams Ave., E. Detroit, Mich.  
1891. Geohegan, Wm. A., M.D., Cincinnati, O.  
1891. Gibbs, B. Frank, M.D., 1111 Ninth St. N. W., Washington, D. C.  
1879. Gifford, Willis B., M.D., Attica, N. Y.  
1869. Gifford, Gilbert L., M.D., Hamilton, N. Y.  
1888. Gilbert, Chas. B., M.D., 1011 H St., N. W., Washington, D. C.  
1891. Gilbert, Irwin B., M.D., 2027 Columbia Avenue, Philadelphia, Pa.  
1891. Gile, Francis A., M.D., East Orange, N. J.  
1890. Gillard, Edwin, M.D., Sandusky, O.  
1890. Gillespie, Thomas, M.D., Kenosha, Wis.  
1882. Gilman, John E., M.D., 455 W. Washington St., Chicago, Ill.

1880. Given, Adam, M.D., 1403 W. Jefferson St., Louisville, Ky.  
1891. Givens, Amos Jay, M.D., Owego, N. Y.  
1889. Glasier, Willis H., M.D., Bloomington, Wis.  
1891. Godshall, Samuel G., M.D., Edge Hill, Pa.  
1891. Goff, Ella D., M.D., Allegheny, Pa.  
1889. Goff, Warren W., M.D., Stevens Point, Wis.  
1887. Gooding, E. Jeanette, M.D., 223 W. Springfield Street, Boston, Mass.  
1890. Gooding, Gertrude, M.D., Bristol, R. I.  
1887. Goodno, William C., M.D., 1733 Chestnut Street, Philadelphia, Pa.  
1890. Gordon, F. W., M.D., Sterling, Ill.  
1870. Gordon, George A., M.D., Sandusky, O.  
1883. Gorham, George Elmer, M.D., 160 Hamilton Street, Albany, N. Y.  
1889. Gorton, Fred. T., M.D., Portage, Wis.  
1885. Gottschalek, William von, M.D., Central Falls, R. I.  
1890. Gould, William W., M.D., Rochelle, Ill.  
1886. Grady, Mary E., M.D., 436 Monroe Street, Brooklyn, N. Y.  
1869. Gramm, Gustavus E., M.D., Ardmore, Pa.  
1891. Grant, Albert B., M.D., Ionia, Mich.  
1891. Grant, William H., M.D., Ossipee, N. H.  
1869. Graves, S. P., M.D., Saco, Me.  
1881. Green, Charles L., M.D., 77 Matthewson St., Providence, R. I.  
1890. Green, Isadore L., M.D., Chicago, Ill.  
1882. Green, William E., M.D., Little Rock, Ark.  
1871. Greenleaf, John T., M.D., Owego, N. Y.  
1874. Gregory, Edward P., M.D., Waterbury, Conn.  
1876. Griffin, John F., M.D., Plainfield, N. J.  
1881. Griffith, Anna E., M.D., 501 N. Fourth Street, Camden, N. J.  
1891. Griffith, Lewis B., M.D., 2526 Ridge Ave., Philadelphia, Pa.  
1891. Griffith, Silas, M.D., 1431 Girard Avenue, Philadelphia, Pa.  
1891. Griffith, Wm. M., M.D., 205 Ridge Ave., Philadelphia, Pa.  
1877. Griveaud, E. A., M.D., 2816 Olive Street, St. Louis, Mo.  
1874. Grosvenor, Lemuel C., M.D., 185 Lincoln Ave., Chicago, Ill.  
1889. Grosvenor, Lorenzo N., M.D., 185 Lincoln Ave., Chicago, Ill.  
1883. Gross, James Eldredge, M.D., 48 Madison Street, Chicago, Ill.  
1884. Grove, David Brainard, M.D., Hanover, Pa.

1848. GUERNSEY, EGBERT, M.D., 528 Fifth Avenue, New York, N. Y.
1875. Guernsey, Joseph C., M.D., 1923 Chestnut Street, Philadelphia, Pa.
1874. Guernsey, W. N., M.D., 27 W. Fifty-second St., New York.
1867. Gumpert, B. B., M.D., 840 Franklin Street, Philadelphia, Pa.
1890. Guthertz, Lizzie G., M.D., 3600 Olive St., St. Louis, Mo.
1847. GUY, SAMUEL S., M.D., Visalia, Tulare Co., Cal.
1890. Haight, N. Herbert, M.D., Redlands, Cal.
1889. Haines, Bessie P., M.D., 481 Ada Street, St. Paul, Minn.
1887. Halbert, Homer V., M.D., 2400 Prairie Ave., Chicago, Ill.
1865. HALE, EDWIN M., M.D., 65 Twenty-second St., Chicago, Ill.
1891. Hall, Amos C., M.D., Chicago, Ill.
1873. Hall, E. M., M.D., Delaware, O.
1860. HALL, GEORGE A., M.D., 2400 Prairie Ave., Chicago, Ill.
1891. Hall, Harrison B., M.D., Riverton, N. J.
1889. Hall, Levi, M.D., 77 Highland Avenue, Minneapolis, Minn.
1874. Hall, Robert, M.D., Providence, R. I.
1885. Hall, William G., M.D., St. Joseph, Mo.
1889. Hallock, J. Henry, M.D., 414 South Salina St., Syracuse, N. Y.
1846. HALLOCK, LEWIS, M.D., 34 E. 39th St., New York, N. Y.
1886. Halsey, Frederick W., M.D., 231 W. Newton Street, Boston, Mass.
1852. HAMMOND, MILTON, M.D., 310 N. Paca St., Baltimore, Md.
1889. Hanchett, Alfred P., M.D., Council Bluffs, Ia.
1891. Hanchett, John L., M.D., 411 Jackson St., Sioux City, Iowa.
1889. Hanchett, William Henry, M.D., Omaha, Neb.
1891. Hanscom, Walter V., M.D., Rockland, Me.
1887. Hanson, William Green, M.D., Everett, Mass.
1889. Harnden, George B., M.D., Sherburne, Minn.
1891. Harpel, E. Newton, M.D., 1638 N. Eighth Street, Philadelphia, Pa.
1891. Harrington, Edwin S., M.D., 1444 S. Broad Street, Philadelphia, Pa.
1889. Harris, Nellie R., M.D., Des Moines, Ia.
1882. Harris, W. John, M.D., 3107 Morgan Street, St. Louis, Mo.
1888. Hart, Frank O., M.D., West Unity, O.
1879. Hartshorne, D. W., M.D., 102 Garfield Place, Cincinnati, O.



1887. Harvey, Austin I., M.D., Newport, Me.  
1890. Harway, Wm. S., M.D., 565 W. Madison St., Chicago, Ill.  
1875. Hasbrouck, Everett, M.D., 369 Ninth St., Brooklyn, N. Y.  
1887. Hasbrouck, Sayer, M.D., Providence, R. I.  
1889. Hassell, Samuel E., M.D., Lancaster, Wis.  
1881. Hassler, William A., M.D., Allentown, Pa.  
1857. HATCH, PHIL0 L., M.D., Minneapolis, Minn.  
1889. Haviland, Willis H., M.D., 30 East Granite Street, Butte,  
Mont.  
1891. Hawes, George H., M.D., Hastings, Minn.  
1879. Hawkes, William J., M.D., Central Music Hall, Chicago, Ill.  
1889. Hayes, Charles, M.D., Providence, R. I.  
1865. HAYNES, J. R., M.D., 120 N. Meridian St., Indianapolis,  
Ind.  
1869. Hayward, Joseph W., M.D., Taunton, Mass.  
1884. Hazard, Theodore Lincoln, M.D., Anamosa, Iowa.  
1880. Heath, James De Witt, M.D., Merrill, Wis.  
1888. Heberton, William W., M.D., 36 S. Ludlow Street, Dayton,  
Ohio.  
1890. Hedges, Albert P., M.D., 1383 N. Clark St., Chicago, Ill.  
1891. Hedges, LeRoy C., M.D., Ravenswood, Chicago, Ill.  
1868. Hedges, S. P., M.D., Central Music Hall, Chicago, Ill.  
1887. Heilner, Herbert Franklin, M.D., Burr Building, Scranton,  
Pa.  
1853. HELMUTH, WILLIAM TOD, M.D., 180 W. 59th Street, New  
York, N. Y.  
1887. Helmuth, William Tod, Jr., M.D., 41 E. Twelfth Street,  
New York.  
1879. Henderson, Sarah A., M.D., Sandusky, O.  
1891. Heron, William H., M.D., 1214 Sixth Street, N. W., Wash-  
ington, D. C.  
1874. Herron, Charles D., M.D., 3505 Butler Street, Pittsburgh,  
Pa.  
1887. Hershberger, Joseph P., M.D., Lancaster, O.  
1891. Hetherington, Judson Egbert, M.D., 72 Sydney St., St. John,  
N. B.  
1891. Hickox, Kate Louisa, M.D., 803 Francis St., St. Joseph, Mo.  
1885. Hicks, Susan M., M.D., Atlanta, Ga.  
1891. Hier, William G., M.D., Madisonville, Ohio.



1871. Higbee, Albert E., M.D., Masonic Temple, Minneapolis, Minn.  
 1871. Higbee, Chester G., M.D., St. Paul, Minn.  
 1889. Hill, Frank R., M.D., Tacoma, Wash.  
 1891. Hill, Lucy Chaloner, M.D., 130 N. Main Street, Fall River, Mass.  
 1867. Hill, Robert L., M.D., Oakland, Cal.  
 1891. Hineckley, Walter F., M.D., Naugatuck, Conn.  
 1876. Hindman, David R., M.D., Marion, Ia.  
 1867. Hinds, W. H. W., M.D., Milford, N. H.  
 1891. Hislop, Margaret, M.D., 313 M. Street, N. W., Washington, D. C.  
 1873. Hitchcock, Dexter, M.D., Norwalk, Conn.  
 1879. Hoag, Clitus S., M.D., Bridgeport, Conn.  
 1876. Hobart, Henry M., M.D., 402 Centre Street, Chicago, Ill.  
 1887. Hobart, William F., M.D., 630 Melrose Street Chicago, Ill.  
 1859. HOBSON, JOSEPH, V., M.D., Lynchburg, Va.  
 1888. Hodge, John W., M.D., Niagara Falls, N. Y.  
 1880. Hofmann, Charles H., M.D., 808 Penn Ave., Pittsburgh, Pa.  
 1886. Hoffman, Jacob Oliver, M.D., Orleans, Neb.  
 1884. Hoffman, Joseph R., M.D., Morristown, N. J.  
 1888. Holcombe, J. Randolph, M.D., 1327, Girard Avenue, Philadelphia, Pa.  
 1860. HOLCOMBE, WM. H., M.D., 288 St. Charles Street, New Orleans, La.  
 \*1879. Holden, A. W., M.D., 17 Elm Street, Glens Falls, N. Y.  
 1889. Holden, Fannie E., M.D., Duluth, Minn.  
 1887. Holmes, Henry P., M.D., Lansingburg, N. Y.  
 1886. Holmes, Horace P., M.D., Omaha, Neb.  
 1869. Holt, Edward B., M.D., Lowell, Mass..  
 1885. Hooker, Edward B., M.D., 253 Main Street, Hartford, Conn.  
 1889. Hoover, Willis C., M.D., Iquique, Chili, S. A.  
 1887. Hopkins, Stephen Worcester, M.D., Lynn, Mass.  
 1883. Horner, J. Richey, M.D., 107 Arch Street, Allegheny, Pa.  
 1888. Horning, David W., M.D., 608½ Nicollet Ave., Minneapolis, Minn.  
 1884. Hotchkiss, Isabella Scott, M.D., Riverside, Cook Co., Ill.  
 1888. Hough, Walter D., M.D., Niagara Falls, N. Y.

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\* Died July, 1891.

1859. HOUGHTON, HENRY A., M.D., 12 Cordis St., Boston, Mass.  
1867. Houghton, Henry C., M.D., 7 W. Thirty-ninth Street, New York.  
1888. Houghton, Neidhard H., M.D., 544 Columbus Avenue, Boston, Mass.  
1875. House, Robert B., M.D., Springfield, O.  
1883. Howard, Irving Melville, M.D., 401 Linden Street, Camden, N. J.  
1881. Howe, J. Morgan, M.D., 58 W. Forty-seventh Street, New York.  
1889. Howe, Willella, M.D., Santa Ana, Cal.  
1888. Howell, Conrade A., M.D., Westerville, O.  
1883. Hoyt, Charles, M.D., Chillicothe, O.  
1889. Hoyt, Osmond N., M.D., Duluth, Minn.  
1891. Hubbard, Charles H., M.D., Millville, N. J.  
1889. Hubbell, Eugene, M.D., Waseka, Minn.  
1888. Humphrey, Frank M., M.D., Danielsonville, Conn.  
1869. Humphrey, Otis M., M.D., 100 E. 14th Street, Minneapolis, Minn.  
1867. Hunt, Henry F., M.D., 511 Cooper Street, Camden, N. J.  
1874. Hunt, Dwight B., M.D., 44 W. 29th St., New York, N. Y.  
1886. Hunt, Maurice P., M.D., Delaware, O.  
1884. Hunter, Horatio M., M.D., Lowell, Mass.  
1888. Hurd, S. Wright, M.D., Lockport, N. Y.  
1872. Hutchins, H. S., M.D., Batavia, N. Y.  
1881. Hutchinson, Henry, M.D., St. Paul, Minn.  
1889. Hutchison, Adèle S., M.D., 318 E. 14th Street, Minneapolis, Minn.  
  
1887. Ivins, Horace F., M.D., 1319 Arch Street, Philadelphia, Pa.  
  
1876. Jackson, Edward R., M.D., Dubuque, Ia.  
1891. Jackson, Frances M. W., M.D., Emporia, Kan.  
1878. Jackson, W. L., M.D., 86 Dudley Street, Boston, Mass.  
1859. JAMES, BUSHROD W., M.D., corner Green and 18th Streets, Philadelphia, Pa.  
1866. JAMES, JOHN E., M.D., 1521 Arch Street, Philadelphia, Pa.  
1891. Janney, Edgar, M.D., 12 Iowa Circle, N. W., Washington, D. C.

1891. Janney, O. Edward, M.D., 837 N. Eutaw St., Baltimore, Md.  
1867. Jayne, DeWitt C., M.D., Florida, N. Y.  
1886. Jefferds, Henry Clarke, M.D., Portland, Ore.  
1859. JEFFERDS, GEORGE P., M.D., Bangor, Me.  
1891. Jenkins, Ralph, M.D., 910 44th St., N. W., Washington, D.C.  
1873. Jenney, William H., M.D., Kansas City, Mo.  
1887. Jewett, Joseph Waldo, M.D., New Haven, Conn.  
1887. Jewitt, Edward H., M.D., 101 Euclid Ave., Cleveland, O.  
1876. Johnson, George H. T., M.D., Atchison, Kan.  
1860. JOHNSON, ISAAC D., M.D., Kennett Square, Pa.  
1889. Johnson, Joseph H. S., M.D., 895 W. North Ave., Chicago, Ill.  
1876. Johnson, Maria N., M.D., 342 S. 18th St., Philadelphia, Pa.  
1870. Johnson, R. B., M.D., Ravenna, O.  
1883. Johnson, Seymour A., M.D., Kalkaska, Mich.  
1890. Johnson, Solomon D., M.D., Fox Lake, Wis.  
1886. Johnson, Theodore M., M.D., 200 Susquehanna Avenue,  
Pittston, Pa.  
1891. Jones, A. Cuvier, M.D., Holden, Mo.  
1874. Jones, Charles E., M.D., Albany, N. Y.  
1846. JONES, E. DARWIN, M.D., Albany, N. Y.  
1864. JONES, ELIJAH U., M.D., Taunton, Mass.  
1873. Jones, Gaius J., M.D., 5 Rockwell St., Cleveland, O.  
1867. Jones, Henry C., M.D., Mount Vernon, New York.  
1886. Jones, Joseph, M.D., San Antonio, Texas.  
1858. JONES, JOSEPH E., M.D., West Chester, Pa.  
1875. Jones, Leonidas M., M.D., Brooklyn, Mich.  
1891. Jump, Julia C., M.D., Oberlin, O.  
1889. Just, August Adolph, M.D., Crookston, Minn.  
  
1890. Kaetel, Charles H., M.D., Maysville, Wis.  
1890. Kanouse, Edward M., M.D., Wausau, Wis.  
1876. Kanouse, Abijah W., M.D., Appleton, Wis.  
1884. Karsner, Daniel, M.D., 4830 Main Street, Germantown, Phil-  
adelphia, Pa.  
1883. Keator, Bruce S., M.D., 1724 Chestnut St., Philadelphia, Pa.  
1888. Keegan, Wm. A., M.D., 44 S. Clinton Street, Rochester, N. Y.  
1891. Keeler, Charles B., M.D., New Canaan, Conn.  
1889. Keeler, E. Elmer, M.D., 414 S. Salina St., Syracuse, N. Y.  
1888. Keeney, J. Harvey, M.D., Oswego, N. Y.

1891. Kenny, Arthur, M.D., Somerville, N. J.  
1874. Keep, Caroline J. Yeomans, M.D., 267 W. 39th St., New York, N. Y.  
1867. Keep, J. Lester, M.D., 460 Clinton Avenue, Brooklyn, N. Y.  
1881. Keim, William H., M.D., 2015 Ridge Avenue, Philadelphia, Pa.  
1858. KELLOGG, EDWIN M., M.D., 115 E. 37th St., New York, N. Y.  
1881. Kennedy, Alonzo L., M.D., 384 Boylston St., Boston, Mass.  
1878. Kershaw, J. Martine, M.D., 3500 Laclede Avenue, St. Louis, Mo.  
1870. King, Edward H., M.D., 906 Fifteenth Street, Denver, Col.  
1888. King, Wm. R., M.D., 812 Eleventh St., N. W., Washington, D. C.  
1891. King, Wm. Harvey, M.D., 23 W. 53d St., New York, N. Y.  
1891. Kingsman, Richard, M.D., 713½ E. Capitol Street, Washington, D. C.  
1887. Kinne, Arthur B., M.D., Syracuse, N. Y.  
1887. Kinne, E. Olin, M.D., Syracuse, N. Y.  
1869. Kinne, Theodore Y., M.D., Paterson, N. J.  
1891. Kinley, Joseph B. M.D., Walton and 16th Sts., Denver, Col.  
1880. Kinyon, Claudius B., M.D., Rock Island, Ill.  
1870. Kippax, John R., M.D., 3154 Indiana Avenue, Chicago, Ill.  
1890. Kirkpatrick, John C., M.D., 328 W. 3d St., Los Angeles, Cal.  
1891. Kistler, Abraham L., M.D., 115 N. 9th St., Allentown, Pa.  
1844. KITCHEN, JAMES, M.D., 715 Spruce Street, Philadelphia, Pa.  
1869. Kittinger, Leonard, M.D., 724 King Street, Wilmington, Del.  
1886. Kittinger, Leonard Armour, M.D., Wilmington, Del.  
1871. Kneass, Nicholas W., M.D., 607 N. Charles St., Baltimore, Md.  
1871. Knerr, Calvin B., M.D., 1137 Spruce St., Philadelphia, Pa.  
1887. Knight, Stephen H., M.D., Grace Hospital, Detroit, Mich.  
1889. Knoll, Walter F., M.D., 726 Washington Boulevard, Chicago, Ill.  
1888. Knox, Joseph H., M.D., Orono, Me.  
1875. Korndorfer, Augustus, M.D., 1728 Green St., Phila., Pa.  
1886. Kraft, Frank, M.D., 745 N. Logan Ave., Cleveland, O.  
1865. KREBS, FRANCIS H., M.D., 42 Union Park, Boston, Mass.  
1888. Krogstad, Henry, M.D., 1402 Massachusetts Avenue, Washington, D. C.

1887. Laird, F. F., M.D., Utica, N. Y.  
 1874. Laird, William T., M.D., Watertown, N. Y.  
 1889. Laning, Charles E., M.D., Central Music Hall, Chicago, Ill.  
 1889. Lawrence, W. D., M.D., 828 First Ave. S., Minneapolis, Minn.  
 1885. Lawshé, John Z., M.D., Atlanta, Ga.  
 1872. Lawton, C. H., M.D., 408 Delaware Ave., Wilmington, Del.  
 1891. Layman, Alfred, M.D., 1630 N. 18th St., Philadelphia, Pa.  
 1889. Leal, Malcom, M.D., 158 W. 48th St., New York, N. Y.  
 1882. Leavitt, Sheldon, M.D., 148 Thirty-seventh St., Chicago, Ill.  
 1888. Lee, John Mallory, M.D., 89 Plymouth Ave., Rochester, N. Y.  
 1888. Lee, Sarah Idella, M.D., 89 Plymouth Ave., Rochester, N. Y.  
 1883. Leeds, Charles, M.D., 189 Chestnut Street, Chelsea, Mass.  
 1890. Lefferts, Franklin P., M.D., Belvidere, N. J.  
 1890. Leland, A. G., M.D., Whitewater, Wis.  
 1891. Leland, Clarence H., M.D., 128 Merrimack Street, Lowell, Mass.  
 1891. Lentz, Levi R., M.D., Fleetwood, Pa.  
 1889. Leonard, Henry C., M.D., Minneapolis, Minn.  
 1882. Leonard, William E., M.D., Minneapolis, Minn.  
 1873. Leonard, W. H., M.D., Minneapolis, Minn.  
 1886. Le Seur, John Wesley, M.D., Batavia, Genesee Co., N. Y.  
 1888. Leseure, Oscar, M.D., 406 Cass Ave., Detroit, Mich.  
 1877. Lewis, F. Park, M.D., 188 Franklin St., Buffalo, N. Y.  
 1871. Lewis, Henry M., M.D., 171 Remsen St., Brooklyn, N. Y.  
 1880. Lewis, Joseph, Jr., M.D., 330 Hanover St., Milwaukee, Wis.  
 1875. Lewis, Joseph C., M.D., Frankford, Philadelphia, Pa.  
 1886. Lilienthal, James Edward, M.D., 1316 Van Ness Ave., San Francisco, Cal.  
 \* 1867. Lilienthal, S., M.D., 1316 Van Ness Ave., San Francisco, Cal.  
 1891. Lindley, Havard, M.D., 847 Park Ave., Baltimore, Md.  
 1887. Linn, A. M., M.D., Des Moines, Iowa.  
 1885. Linnell, E. H., M.D., 61 Broadway, Norwich, Conn.  
 1891. Long, Oscar R., M.D., Ionia, Mich.  
 1858. LOUGEE, WM. H., M.D., Lawrence, Mass.

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\* Died, October 2, 1891.

1890. Lowe, Thomas, M.D., Slayton, Minn.  
 1885. Lowenthal, Louis, M.D., Washington Heights, Ill.  
 1887. Ludlam, Reuben, Jr., M.D., 1823 Michigan Avenue, Chicago, Ill.  
 1857. LUDLAM, REUBEN, M.D., 1823 Michigan Ave., Chicago, Ill.  
 1891. Lukens, Benjamin F., M.D., 23 W. Cheltenham Ave., Germantown, Philadelphia, Pa.  
 1884. Lukens, Joseph Paul, M.D., 813 Washington St., Wilmington, Del.  
 1873. Lukens, M. B., M.D., Dalton, Ga.  
 1870. Lungren, Samuel S., M.D., Hotel Madison, Toledo, O.  
 1891. Lyon, Malvern S., M.D., Absecon, N. J.
1881. McClellan, David, M.D., 86 Clinton Ave., West Hoboken, N. J.  
 1879. McClelland, John B., M.D., 411 Penn Ave., Pittsburgh, Pa.  
 1867. McClelland, J. H., M.D., cor. 5th and Wilkins Avenue, Pittsburgh, Pa.  
 1884. McClelland, Robert Watson, M.D., cor. 5th and Wilkins Avenue, Pittsburgh, Pa.  
 1881. McClure, Eliza Lang, M.D., 1919 Wallace Street, Philadelphia, Pa.  
 1882. McConnell, Robert N., M.D., Upper Sandusky, O.  
 1873. McDermott, Geo. C., M.D., 118 W. 7th St., Cincinnati, O.  
 1874. McDonald, Wm. O., M.D., 117 W. 44th St., New York.  
 1886. McDowell, Chas., M.D., 116 W. 13th St., New York.  
 1891. McDowell, George W., M.D., 151 W. 130th St., New York, N. Y.  
 1871. McGeorge, Wallace, M.D., Woodbury, N. J.  
 1890. McKay, Augustus F., M.D., West Superior, Wis.  
 1889. McKinney, Samuel P., M.D., Hamilton St. and Maple Ave., St Louis, Mo.  
 1891. McKinstry, Frank P., M.D., Washington, N. J.  
 1891. McMichael, Arkell R., 969 Madison Ave., New York, N. Y.  
 1891. McMicken, Joseph J., M.D., N. E. cor. 14th and G Streets, Portland, Ore.  
 1866. McMURRAY, ROBERT, M.D., 234 Second Avenue, N. Y.  
 \*1844. McVICKAR, JOHN A., M.D., 100 E. 17th St., New York.  
 1890. MacCracken, William P., M.D., 60 43d St., Chicago, Ill.

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\* Died January 29, 1892.

1891. Macdonald, Thomas L., M.D., 1106 N. Y. Ave., N. W., Washington, D. C.
1891. Macfarlan, Duncan, M.D., 3924 Chestnut St., Philadelphia, Pa.
1868. Macfarlan, Malcolm, M.D., 1805 Chestnut Street, Philadelphia, Pa.
1890. Mack, Charles S., M.D., Ann Arbor, Mich.
1886. MacLachlan, Daniel A., M.D., Ann Arbor, Mich.
1891. MacMaster, Marian A., M.D., 230 Genesee St., Utica, N. Y.
1889. Macomber, Acastus L., M.D., Norfolk, Neb.
1887. Macomber, H. K., M.D., Pasadena, Cal.
1891. Macrum, Charles A., M.D., Marquam Block, Portland, Ore.
1891. Maddux, Daniel P., M.D., 700 Madison St., Chester, Pa.
1891. Malin, William H., M.D., Chestnut Hill, Philadelphia, Pa.
1883. Manahan, Manning W., M.D., Atlanta, Ga.
1881. Mansfield, Job R., M.D., 4852 Main St., Gtn., Philadelphia, Pa.
1848. MARCY, ERASTUS E., M.D., 353 Fifth Ave., New York.
1891. Marks, William F., M.D., Reading, Pa.
1890. Marshall, Robert S., M.D., Homœopathic Hospital, Pittsburgh, Pa.
1871. Martin, Constantine H., M.D., Allentown, Pa.
1891. Martin, George F., M.D., Skeneateles, N. Y.
1889. Martin, George H., M.D., San Francisco, Cal.
1886. Martin, John S., M.D., Muncie, Ind.
1891. Martin, Lynn Arthur, M.D., 91 Collier Street, Binghamton, N. Y.
1851. Martin, Thomas C., M.D., Cleveland, O.
1878. Martin, W. J., M.D., 1712 Carson St., S. S., Pittsburgh, Pa.
1867. Mason, S. R., M.D., Devall's Bluff, Ark.
1889. Matchan, Robert D., M.D., 2807 Lyndale Avenue, Minneapolis, Minn.
1881. Mathews, Mary D. Moss, M.D., 123 Broadway, Providence, R. I.
1887. Maycock, Burt J., M.D., 166 Franklin St., Buffalo, N. Y.
1891. Mayer, Charles R., M.D., 268 St. Charles Street, New Orleans, La.
1891. Means, J. W., M.D., Troy, O.
1885. Mellus, Edward Lyndon, M.D., Worcester, Mass.
1891. Mercer, Edward W., M.D., 157 N. 15th St., Philadelphia, Pa.



1871. Mercer, Robert P., M.D., Chester, Pa.  
1876. Mercer, William M., M.D., Galveston, Texas.  
1871. Middleton, Caleb S., M.D., 1523 Girard Avenue, Philadelphia, Pa.  
1869. Middleton, M. F., M.D., Camden, N. J.  
1891. Middleton, Willis H., M.D., 1704 Girard Ave, Philadelphia, Pa.  
1891. Mifflin, Robert W., M.D., 321 N. Paca St., Baltimore, Md.  
1887. Milbank, William E., M.D., 111 State Street, Albany, N. Y.  
1889. Miller, Byron E., M.D., 1st and Main Sts., Portland, Ore.  
1884. Miller, Irving, M.D., 1207 E. Monument St., Baltimore, Md.  
1883. Miller, John, M.D., 48 St. John's Place, Buffalo, N. Y.  
1888. Miller, Zachary T., M.D., 2013 Carson St., Pittsburgh, Pa.  
1887. Millsop, Sarah J., M.D., Bowling Green, Ky.  
1888. Minard, Will. Frank, M.D., Waterbury, Vt.  
1888. Minton, Henry Brewster, M.D., 165 Joralemon Street, Brooklyn, N. Y.  
1858. MINTON, HENRY, M.D., 165 Joralemon St., Brooklyn, N. Y.  
1889. Mitchell, Eugene P., M.D., Los Angeles, Cal.  
1866. MITCHELL, JOHN J., M.D., Newburgh, N. Y.  
1875. Mitchell, John N., M.D., 1222 Walnut St., Philadelphia, Pa.  
1866. MITCHELL, J. S., M.D., 2954 Michigan Ave., Chicago, Ill.  
1881. Moffat, Edgar V., M.D., 476 Main Street, Orange, N. J.  
1881. Moffat, John L., M.D., 17 Schermerhorn Street, Brooklyn, N. Y.  
1867. Moffatt, Reuben C., M.D., 17 Schermerhorn Street, Brooklyn, N. Y.  
1876. Mohr, Charles, M.D., 555 N. 16th Street, Philadelphia, Pa.  
1891. Montgomery, Richard W., M.D., 435 Spruce St, Scranton, Pa.  
1876. Monmonier, Julius L., M.D., 128 Green Ave., Brooklyn, N. Y.  
1890. Monroe, Andrew L., M.D., Louisville, Ky.  
1875. Moore, George W., M.D., Springfield, O.  
1867. Morgan, John C., M.D., 108 S. 17th St., Philadelphia, Pa.  
1884. Morgan, Wm. L., M.D., 212 W. Franklin St., Baltimore, Md.  
1890. Morgan, Willis B., M.D., 4200 N. Grande Ave., St. Louis, Mo.  
1890. Morley, F. W. M.D., Huron, O.  
1878. Morrill, Edwin C., M.D., Norwalk, O.  
1886. Morrill, Ezekiel, M.D., Concord, N. H.  
1884. Morris, John W., M.D., Wheeling, W. Va.



1890. Morrison, William S., M.D., St. John, New Brunswick, Dominion of Canada.
1867. Morse, Nathan R., M.D., Salem, Mass.
1872. Morse, Lucius D., M.D., 128 S. Pryor Street, Atlanta, Ga.
1891. Mosher, Mary E., M.D., 53 Blue Hill Ave., Roxbury, Mass.
1869. Mossman, Nathan A., M.D., 350 Madison Ave., New York.
1890. Mowry, Henry P., M.D., Bronson, Mich.
1889. Muhleman, Charles L., M. D., Parkersburg, W. Va.
1887. Munson, Mary F., M. D., 211 W. 3d St., Los Angeles, Cal.
1891. Munson, Milton L., M.D., Atlantic City, N. J.
1885. Munson, Reginald, M.D., 1140 Connecticut Avenue, Washington, D. C.
1877. Murphy, Edmund A., M.D., 238 Camp St., New Orleans, La.
1881. Musits, Henry von, M.D., 1266 Lexington Ave., New York.
1890. Myers, Priscilla G., M.D., Aurora, Ill.
1891. Myers, Samuel I., M.D., Bayonne, N. J.
1844. NEIDHARD, CHARLES, M.D., 1511 Arch St., Philadelphia, Pa.
1867. Negendank, Augustus, M.D., 901 Washington Street, Wilmington, Del.
1891. Negendank, Egmont T., M.D., 901 Washington St., Wilmington, Del.
1889. Nelson, Petrus, M.D., 51 Syndicate Block, Minneapolis, Minn.
1890. Neumeister, Anton E., M.D., Kansas City, Mo.
1890. Newell, R. C., M.D., Austin, Ill.
1876. Nichols, Ammi S., M.D., Portland, Ore.
1880. Nichols, Charles L., M.D., Worcester, Mass.
1876. Nichols, George, M.D., 306 Monroe St., Brooklyn, N. Y.
1886. Nickelson, W. H., M.D., A. D. Ripley Block, Adams, N. Y.
1889. Noble, James H., M.D., Eau Claire, Wis.
1887. Nordstrom, Cynthia Maria, M.D., Malden, Mass.
1891. Northrop, Herbert L., M.D., Philadelphia, Pa.
1889. Norton, Arthur B., M.D., 152 W. 34th St., New York, N. Y.
1887. Norton, Claude R., M.D., 700 N. 40th St., Philadelphia, Pa.
1881. Nott, Frederick J., 522 Madison Ave., New York, N. Y.
1889. Nottingham, David M., M.D., Lansing, Mich.
1888. Nottingham, John C., M.D., Bay City, Mich.

1891. Nowell, John F., M.D., Greencastle, Pa.  
1890. Noxon, Mary W., M.D., 28 W. 45th St., New York, N. Y.
- \*1891. Oatley, Eugene L., M.D., 4003 Chestnut St., Philadelphia, Pa.  
1882. Obetz, Henry L., M.D., 139 First Street, Detroit, Mich.  
1872. Ockford, George M., M.D., Ridgewood, N. J.  
1889. O'Connor, Joseph T., M.D., 51 W. 47th Street, New York.  
N. Y.
1894. Olin, Rollin C., M.D., 144 High St., W. Detroit, Mich.  
1890. Olmstead, Austin F., M.D., Green Bay, Wis.  
1859. ORME, FRANCIS H., M.D., 42 N. Forsyth St., Atlanta, Ga.  
1883. Ormes, Francis D., M.D., Jamestown, N. Y.  
1891. Osman, Joseph R. M.D., Bristol, Pa.  
1876. Ostrom, Homer I., M.D., 42 W. 48th Street, New York.  
1865. OWENS, W.M., M.D., corner 7th and John Sts., Cincinnati, O.
1881. Packard, Horace, M.D., 295 Westchester Park, Boston, Mass.  
1868. Packard, Liberty D., M.D., 538 Broadway, S. Boston, Mass.  
1886. Packer, Henry E., M.D., Barre, Vt.  
1891. Parker, James W., M.D., Warsaw, Ill.  
1891. Parker, T. Elwood, M.D., Woodbury, N. J.  
1890. Paine, Clarence M., M.D., Atlanta, Ga.  
1844. PAINE, HENRY D., M.D., Nutley, N. J.  
1850. PAINE, HORACE M., M.D., 105 State St., Albany, N. Y.  
1853. PAINE, JOSEPH P., M.D., Hotel Eliot, Roxbury, Mass.  
1890. Paine, Richard K., M.D., Manitowoc, Wis.  
1877. Paine, N. Emmons, M.D., Westboro, Mass.  
1888. Palmer, Lyman R., M.D., Valparaiso, Ind.  
1848. PALMER, MILES W., M.D., 235 E. 18th St., New York, N. Y.  
1881. Pardee, Ensign B., M.D., 218 W. 34th Street, New York.  
1886. Pardee, Emily V., M.D., South Norwalk, Conn.  
1890. Parker, Edward H., M.D., Eau Claire, Wis.  
1881. Parkhurst, L. B., M.D., Northampton, Mass.  
1883. Parsons, Anson, M.D., Springboro, Pa.  
1888. Parsons, Edgar C., M.D., Meadville, Pa.  
1891. Parsons, Roscoe M., M.D., Traer, Ia.  
1879. Parsons, Katherine, M.D., 190 Prospect St., Cleveland, O.

1885. Parsons, Scott B., M.D., 2246 Washington Avenue, St. Louis, Mo.
1873. Patchen, George H., M.D., 71 E. 59th Street, New York.
1889. Patrick, William G., M.D., Thomasville, Ga.
1891. Pauly, C. A., M.D., Cincinnati, O.
1867. Payne, Frederick W., M.D., Hotel Pelham, Boston, Mass.
1879. Payne, George H., M.D., 590 Tremont Street, Boston, Mass.
1860. PAYNE, JAMES H., M.D., 342 Commonwealth Avenue, Boston, Mass.
1867. Pearsall, S. J., M.D., Saratoga Springs, N. Y.
1868. Pease, Giles M., M.D., 125 Turk Street, San Francisco, Cal.
1879. Peck, George B., M.D., Providence, R. I.
1891. Peltier, Pierre D., M.D., Hartford, Conn.
1877. Penfield, Sophia, M.D., Danbury, Conn.
1870. Pennoyer, N. A., M.D., Kenosha, Wis.
1887. Percy, Frederick B., M.D., Brookline, Mass.
1887. Percy, George Emory, M.D., Salem, Mass.
1884. Perkins, Charles W., M.D., Chester, Pa.
1889. Perkins, Edward R., M.D., Excelsior, Minn.
1890. Perkins, Ernest D., M.D., Ashland, Wis.
1881. Perkins, Nathaniel R., M.D., 87 Main St., Brockton, Mass.
1886. Perkins, Wesley B., M. D., Malden, Mass.
1889. Perrigo, E. Stella, M.D., Pipestone, Minn.
1872. Pettengill, Eliza F., M.D., 300 N. 10th St., Philadelphia, Pa.
1867. Phillips, Albert William, M.D., Birmingham, Conn.
1881. Phillips, Leslie A., M.D., 165 Boylston Street, Boston, Mass.
1890. Phillips, R. Oliver, M.D., Yonkers, N. Y.
1891. Pierce, Willard Ide, M.D., 64 W. 126th St., New York, N. Y.
1889. Pillsbury, Charles B., M.D., Duluth, Minn.
1880. Pitcairn, Hugh, M.D., Harrisburg, Pa.
1874. Plimpton, Clara C., M.D., Nashville, Tenn.
1890. Polglase, William A., M.D., 815 Fort St. W., Detroit, Mich.
1885. Pomeroy, Harlan, M.D., 526 Prospect Street, Cleveland, O.
1854. POMEROY, THOMAS F., M.D., 758 High St., Providence, R. I.
1876. Pope, Gustavus W., M.D., 1109 14th St., Washington, D. C.
1887. Pope, Willis G., M.D., Keeseville, N. Y.
1890. Poppele, Charles F., M.D., Mount Pulaski, Ill.
1887. Porter, Eugene H., M.D., 161 W. 71st St., New York, N. Y.

1880. Porter, Philip, M.D., 33 Adams Avenue, E. Detroit, Mich. .  
1867. Poulson, P. W., M.D., 526 Kearney St., San Francisco, Cal.  
1891. Pounds, William H., M.D., Paulsboro, N. J.  
1888. Powell, William C., M.D., Bryn Mawr, Pa.  
1874. Pratt, E. H., M.D., Central Music Hall, Chicago, Ill.  
1867. Pratt, Leonard, M.D., 520 N. 2d St., San Jose, Cal.  
1859. PRATT, LESTER M., M.D., 104 State St., Albany, N. Y.  
1891. Pratt, Trimble, M.D., Media, Pa.  
1867. Price, Elias C., M.D., 953 Madison Ave., Baltimore, Md.  
1891. Price, Eldridge C., M.D., 1013 Linden Ave., Baltimore, Md.  
1876. Price, Emmor H., M.D., Chattanooga, Tenn.  
1889. Primm, John W., M.D., Woodstock, Ill.  
1889. Pringle, George W., M D., Hamline, Minn.  
1836. Printy, James Anthony, M.D., 598 Lincoln Ave., Chicago, Ill.  
1888. Pulford, Alfred, M.D., Ansonia, Conn.  
1886. Putnam, T. J., M.D., North Adams, Mass.  
1887. Putnam, William B., M.D., Hoosick Falls, N. Y.
1891. Quay, George H., M.D., Euclid Ave., East Cleveland, O.  
1883. Quinby, Edgar C., M.D., Titusville, Pa.
1881. Rand, Nehemiah W., M.D., Monson, Mass.  
1885. Rand, John Prentice, M.D., 49 Pleasant St., Worcester, Mass.  
1881. Rankin, Egbert G., M.D., 528 Fifth Ave., New York, N. Y.  
1865. RANKIN, JOHN S., M.D., 308 Grant St., Pittsburgh, Pa.  
1869. Raue, Charles G., M.D., 121 N. Tenth St., Philadelphia, Pa.  
1891. Rauterberg, Lewis E., M.D., 510 Fifth St. N. W., Washington, D. C.  
1882. Ray, William R., M.D., 52 Collins St., Melbourne, Australia.  
1848. RAYMOND, JONAS C., M.D., 626 Thirteenth St., Oakland, Cal.  
1890. Read, Edwin C., M.D., Blue Island, Ill.  
1881. Reading J. Herbert, M.D., 1811 Green St., Philadelphia, Pa.  
1887. Reading, L. Willard, M.D., 528 N. 18th St., Philadelphia, Pa.  
1888. Reading, Thomas, M.D., Hatboro, Pa.  
1883. Reddish, A. W., M.D., Sidney, O.  
1891. Reed, Clara D., M.D., Newton, Mass.  
1885. Reed, Robert G., M.D., Woonsocket, R. I.  
1885. Reed, Thomas E., M.D., Middletown, O.

1888. Reeves, Joseph M., M.D., 1609 Mt. Vernon Street, Philadelphia, Pa.  
1883. Renninger, John S., M.D., Marshall, Minn.  
1883. Reynolds, Belle S., M.D., Kenosha, Wis.  
1891. Reynolds, Warren U., M.D., 219 E. 17th St., New York, N. Y.  
1846. RHEES, MORGAN J., M.D., Wheeling, W. Va.  
1886. Richards, Geo. E., M.D., Central Music Hall, Chicago, Ill.  
1891. Richards, George Herbert, M.D., Orange, N. J.  
1887. Richards, Llewellyn B., M.D., Oswego, N. Y.  
1890. Richardson, Andrew J., M.D., 39 E. 83d St., New York, N. Y.  
1872. Richardson, B. M., M.D., 200 W. 57th St., New York, N. Y.  
1886. Richardson, Frank C., M.D., 1 Saratoga Pl., E. Boston, Mass.  
1891. Richardson, George W., M.D., 138 E. 79th St., New York, N. Y.  
1876. Richardson, Wm. C., M.D., 3913 N. 11th St., St. Louis, Mo.  
1883. Ridge, Jonathan T., M.D., 1219 N. Sixth Street, Philadelphia, Pa.  
1887. Riggs, D. H., M.D., 1012 Massachusetts Avenue, Washington, D. C.  
1889. Righter, Frederick B., M.D., Lincoln, Neb.  
1889. Ripley, Martha G., M.D., 48 S. 8th Street, Minneapolis, Minn.  
1891. Roberts, Charles Wesley, M.D., Scranton, Pa.  
1881. Roberts, George F., M.D., 610 Nicollet Avenue, Minneapolis, Minn.  
1891. Roberts, Grace, M.D., 420 C Street S. E., Washington, D. C.  
1889. Roberts, Lemuel Martin, M.D., Brainerd, Minn.  
1890. Roberts, Susan A., M.D., Lemont, Ill.  
1889. Roberts, Thomas Elmer, M.D., Oak Park, Ill.  
1891. Robinson, Franklin E., M.D., 167 West End Avenue, New York, N. Y.  
1866. ROBINSON, S. A., M.D., West New Brighton, N. Y.  
1888. Robinson, Wilhelmus B., M.D., Shelburne Falls, Mass.  
1884. Robson, John W., M.D., N. Highland Ave., Pittsburgh, Pa.  
1889. Roby, Henry W., M.D., Topeka, Kan.  
1890. Rockwell, Cortland B., M.D., 5401 Madison Ave., Chicago, Ill.  
1881. Rockwell, John A., M.D., Norwich, Conn.

1890. Rodes, Joseph, M.D., San Diego, Cal.  
 1849. RODMAN, WILLIAM V., M.D., New Haven, Conn.  
 1891. Rogers, L. D., M.D., 441 Dearborn Ave., Chicago, Ill.  
 1886. Rollins, Charlotte A., M.D., 418 Meridian Street, East Boston, Mass.  
 \*1891. Roome, Edward, M.D., 1845 Fourteenth St. N. W., Washington, D. C.  
 1882. Rosenberger, Abraham S., M.D., Covington, O.  
 1886. Rounsevel, C. Sedgwick, M.D., 211 Main St., Nashua, N. H.  
 1891. Royal, George M.D., 1234 Sixth Ave., Des Moines, Ia.  
 1891. Royal, Osmon, M.D., 163 Ninth St., Portland, Ore.  
 1890. Rumsey, Charles L., M.D., 1937 Park Ave., Philadelphia, Pa.  
 1875. Runnels, Moses T., M.D., 8 E. 9th Street, Kansas City, Mo.  
 1873. Runnels, O. S., M.D., Indianapolis, Ind.  
 1887. Runnels, Sollis, M.D., Indianapolis, Ind.\*  
 1865. RUSH, R. B., M.D., 70 E. Main Street, Salem, O.  
 1880. Rushmore, Edward, M.D., Plainfield, N. J.  
 1880. Russeque, Henry E., M.D., Hartford, Conn.  
 1889. Russell, William, M.D., 3104 Hennepin Avenue, Minneapolis, Minn.  
 1890. Russell, Henry A., M.D., West Superior, Wis.  
 1890. Rust, Edwin G., M.D., Wellington, O.  
 1889. Rutledge, Samuel W., M.D., Grand Forks, N. Dak.  
  
 1889. Sabin, Margaret L., M.D., Lincoln, Neb.  
 1891. Sage, Frederick H., M.D., Middletown, Conn.  
 1869. Sage, William H., M.D., New Haven, Conn.  
 1889. Saltonstall, Florence N., M.D., 723 Sutter St., San Francisco, Cal.  
 1860. SANDERS, JOHN C., M.D., 308 Prospect Street, Cleveland, O.  
 1890. Sanders, Orren B., M.D., 376 Columbus Ave., Boston, Mass.  
 1859. SANDERS, OWEN S., M.D., 511 Columbus Ave., Boston, Mass.  
 1890. Sanders, William H., M.D., Chicago, Ill.  
 1867. Sanford, Charles E., M.D., Bridgeport, Conn.  
 1871. Sartain, Harriet J., M.D., 212 West Logan Square, Philadelphia, Pa.  
 1867. Sawin, Isaac W., M.D., 280 Broadway, Providence, R. I.

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\* Died November 27, 1891.



1890. Sawtelle, Benj. A., M.D., Enfield, Mass.  
1889. Sawyer, John Emery, M.D., 9th and Roberts Sts, St. Paul, Minn.  
1867. Scales, Edward P., M.D., Newton, Mass.  
1891. Schantz, Henry F., M.D., Altoona, Pa.  
1882. Schley, Edward B., M.D., Columbus, Ga.  
1875. Schley, James Montford, M.D., 1 E. 42d Street, New York.  
1889. Schmidt, John Alfred, M.D., 2554 S. Halsted St., Chicago, Ill.  
1873. Schmucker, Elhanan Z., M.D., Reading, Pa.  
1868. Schneider, N., M.D., 791 Prospect Street, Cleveland, O.  
1891. Scholl, E. R., M.D., 517 Walnut St., Reading, Pa.  
1889. Schrader, William H., M.D., 3900 Cottage Grove Avenue, Chicago, Ill.  
1881. Schreiner, Emma T., M.D., 123 West Cheltenham Ave., Philadelphia, Pa. -  
1891. Schumann, Carl, M.D., Delhi, N. Y.  
1891. Schwenck, Clayton S., M.D., 1319 Jefferson Street, Philadelphia, Pa.  
1872. Scott, Chester W., M.D., Lawrence, Mass.  
1886. Scott, William H., M.D., 104 W. 44th St., New York, N. Y.  
1891. Seibert, William A., M.D., Easton, Pa.  
1869. Seip, C. P., M.D., 636 Penn Avenue, Pittsburgh, Pa.  
1847. SHACKFORD, RUFUS, M.D., Portland, Me.  
1879. Shannon, Samuel F., M.D., 631 16th Street, Denver, Col.  
1890. Shappee, W. A., M.D., Xenia, O.  
1867. Shearer, Thomas, M.D., 345 N. Charles St., Baltimore, Md.  
1890. Shearer, Thomas L., M.D., 345 N. Charles Street, Baltimore, Md.  
1882. Shears, George F., M.D., 3130 Indiana Ave., Chicago, Ill.  
1870. Sheldon, J. W., M.D., 402 Warren Street, Syracuse, N. Y.  
1886. Shelton, Geo. G., M.D., 251 Madison Ave., New York, N. Y.  
1891. Shepard, Jessie, M.D., 138 Delaware Ave., Buffalo, N. Y.  
1889. Shepard, William A., M.D., Elgin, Ill.  
1871. Shepherd, James S., M.D., Petaluma, Cal.  
1859. SHERMAN, JOHN H., M.D., 534 Broadway, Boston, Mass.  
1875. Sherman, Lewis, M.D., 171 Wisconsin St., Milwaukee, Wis.  
1891. Sherman, Marcena E., M.D., Rochester, N. Y.  
1889. Sherman, Nancy B., M.D., Cooper, Mich.

1879. Sherman, Sarah E., M.D., Salem, Mass.  
 1882. Sherwood, Herbert A., M.D., Warren, O.  
 1867. SHIPMAN, GEORGE E., M.D., 120 S. Wood St., Chicago, Ill.  
 1871. Shivers, Bowman H., M.D., Haddonfield, N. J.  
 1891. Shoulters, George H., M.D., Fourteenth and R Sts. N. W.,  
 Washington, D.C.  
 1891. Shreve, Joseph, M.D., Burlington, N. J.  
 1881. Simmons, Daniel, M.D., 97 Lee Avenue, Brooklyn, N. Y.  
 1888. Simmons, Silas S., M.D., Susquehanna, Pa.  
 1881. Simon, Samuel H., M.D., P. O. Box 79, Harrisburg, Pa.  
 1854. SISSON, EDWARD R., M.D., New Bedford, Mass.  
 1889. Skiles, Hugh P., M.D., 963 W. Monroe St., Chicago, Ill.  
 1853. SKILES, FRANCIS W., M.D., 160 Remsen St., Brooklyn, N. Y.  
 1889. Skinner, Scott W., M.D., Le Roy, N. Y.  
 1883. Slaught, James E., M.D., Warsaw, N. Y.  
 1891. Sleght, B. H. B., M.D., 29 Chestnut St., Newark, N. J.  
 1876. Slough, Frank J., M.D., Allentown, Pa.  
 1888. Slough, William C. J., M.D., Emaus, Pa.  
 1860. SMITH, HENRY M., M.D., Spuyten Duyvil, New York, N. Y.  
 1873. Smith, Chester, M.D., Portland, Mich.  
 1890. Smith, Emmet L., M.D., Lincoln Park Sanitarium, Chicago, Ill.  
 1888. Smith, Ernest B., M.D., Union City, Pa.  
 1879. Smith, J. Edwards, M.D., 11 Paddock Pl., Cleveland, O.  
 1891. Smith, George R., M.D., Dover, N. H.  
 1869. Smith, J. Heber, M.D., 279 Dartmouth Street, Boston, Mass.  
 1882. Smith, Julia Holmes, M.D., 521 Dearborn Ave., Chicago, Ill.  
 1887. Smith, Melvin D., M.D., Middlebury, Vt.  
 1885. Smith, Norman Pitt, M.D., Paris, Ill.  
 1886. Smith, Sarah N., M.D., 135 W. 34th St., New York, N. Y.  
 1869. Smith, St. Clair, M.D., 8 W. 38th Street, New York, N. Y.  
 1860. SMITH, T. FRANKLIN, M.D., 264 Lenox Avenue, New  
 York, N. Y.  
 1890. Smith, Sarah, M.D., Council Bluffs, Ia.  
 1889. Smith, Virginia T., M.D., 30 Henry St., Detroit, Mich.  
 1889. Smith, Wilson A., M.D., Morgan Park, Ill.  
 1881. Snader, Edward R., M.D., 140 N. 20th Street, Philadel-  
 phia, Pa.  
 1887. Snyder, Edward E., M.D., Binghamton, N. Y.



1891. Snyder, Leon A., M.D., Ashland, Pa.  
1891. Sooy, Walter C., M.D., Atlantic City, N. J.  
1887. Southgate, Robert Wilson, M.D., Rockland, Mass.  
1871. Southwick, Augustus B., M.D., 155 W. Dominick St., Rome, N. Y.  
1888. Southwick, George R., M.D., 460 West Chester Park, Boston, Mass.  
1889. Southworth, Frederick Wm., M.D., Tacoma, Wash.  
1869. Spalding, Henry E., M.D., "The Cluny," Boston, Mass.  
1889. Spaulding, S. M., M.D., Minneapolis, Minn.  
1859. SPARHAWK, GEORGE E. E., M.D., Burlington, Vt.  
1891. Spencer, William, M.D., 1523 Girard Ave., Philadelphia, Pa.  
1850. SPRINGSTEED, DAVID, M.D., South Woodstock, Conn.  
1875. Spinney, Andrew B., M.D., 308 Woodward Ave., Detroit, Mich.  
1887. Spoor, David E., M.D., 170 Lafayette St., Schenectady, N. Y.  
1882. Spreng, T. F. H., M.D., Sioux City, Ia.  
1891. Stark, Clinton E., M.D., Norwich, Conn.  
1890. Starr, Pearl, M.D., Bellevue, Pa.  
1891. Starr, Samuel, M.D., Chester, Pa.  
1886. Stearns, Melvin J., M.D., Messena, N. Y.  
1891. Stearns, Solomon S., M.D., 1425 Rhode Island Avenue, N. W., Washington D. C.  
1889. Steele, John A., M.D., Minneapolis, Minn.  
1889. Stephens, Aaron M., M.D., Third and Fillmore Sts, Chatfield, Minn.  
1891. Stettler, Cornelia S., M.D., Aurora, Ill.  
1881. Stewart, F. Corwin, M.D., Peru, Ind.  
1891. Stewart, John W. G., M.D., Wabash, Ind.  
1888. Stewart, Thos. M., M.D., 7th and Mound Sts, Cincinnati, O.  
\*1871. Stiles, James E., M.D., Lambertville, N. J.  
1890. Stiles, Fred. P., M.D., Sparta, Wis.  
1889. Stone, J. Leslie, M.D., 828 First Avenue, Minneapolis, Minn.  
1879. Stone, Martha M., M.D., 104 Prospect St., Cleveland, O.  
1887. Stone, Waldo H., M.D., 133 Orms St., Providence, R. I.  
1889. Stone, William T., M.D., St. Cloud, Minn.  
1890. Storke, Burt F., M.D., Milwaukee, Wis.

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\* Died December 28, 1891.

1880. Storke, Eugene F., M.D., Denver, Col.  
 1882. Stout, Henry R., M.D., Jacksonville, Fla.  
 1882. Stover, Wm. H., M.D., Tiffin, O.  
 1891. Strawbridge, Frank A., M.D., Sigourney, Ia.  
 1871. Streets, Jacob G., M.D., Bridgeton, N. J.  
 1889. Strickler, David A., M.D., Endicott Arcade, St. Paul, Minn.  
 1880. Strong, Thomas M., M.D., Mass. Hom. Hosp., East Concord St., Boston, Mass.  
 \*1891. Stull, Ophelia S., M.D., Rochester, N. Y.  
 1888. Strunk, Edward P., M.D., Brewster, N. Y.  
 1883. Stumpf, Daniel B., M.D., 631 Ellicott St., Buffalo, N. Y.  
 1881. Sturtevant, Charles, M.D., Hyde Park, Mass.  
 1887. Sturtevant, L. P., M.D., Conneaut, O.  
 1890. Sturtevant, Myron C., M.D., Morris, Ill.  
 1891. Suffa, George A., M.D., Greenville, R. I.  
 1881. Sumner, Charles R., M.D., Rochester, N. Y.  
 1887. Sutherland, John Preston, M.D., 157 Newbury Street, Boston, Mass.  
 1890. Sutherland, Quincy O., M.D., Janesville, Wis.  
 1890. Suttle, H. J., M.D., Viroqua, Wis.  
 1880. Swain, Mary L., M.D., 163 Warren Ave., Boston, Mass.  
 1887. Swalm, Thomas W., M.D., Pottsville, Pa.  
 1879. Swartz, J. Ross, M.D., Harrisburg, Pa.  
 1890. Swayze, Ormiston W., M.D., Lake Port, Cal.  
 1887. Swett, Emily F., M.D., Medina, N. Y.  
 1891. Swormstedt, Lyman B., M.D., 1455 14th St., N. W., Washington, D. C.  
 1888. Talbot, George H., M.D., Newtonville, Mass.  
 1853. TALBOT, I. TISDALE, M.D., 66 Marlborough Street, Boston, Mass.  
 1890. Talbot, Winthrop Tisdale, M.D., 66 Marlborough Street, Boston, Mass.  
 1874. Taleott, Selden H., M.D., Middletown, N. Y.  
 1872. Talmage, John F., M.D., 155 Joralemon St., Brooklyn, N. Y.  
 1890. Talmage, Alonzo L., M.D., 8 Park Street, New Haven, Conn.  
 1875. Taylor, Esther W., M.D., 95 Falmouth Street, Boston, Mass.

1882. Taylor, Theodore H., M.D., Evansville, Ind.  
1875. Terry, Marshall O., M.D., 196 Genesee Street, Utica, N. Y.  
1889. Thatcher, John Thomas, M.D., Oregon, Mo.  
1888. Thayer, Charles Edward, M.D., 610 Nicollet Avenue, Minneapolis, Minn.  
1847. THAYER, DAVID, M.D., 200 Columbus Ave., Boston, Mass.  
1869. Thomas, Amos R., M.D., 113 S. 16th St., Philadelphia, Pa.  
1890. Thomas, Charles H., M.D., Cambridge, Mass.  
1891. Thomas, Charles H., M.D., 1006 E. Baltimore St., Baltimore, Md.  
1875. Thomas, Charles M., M.D., 1623 Arch St., Philadelphia, Pa.  
1887. Thome, Arthur G., M.D., 239 Lincoln Ave., Chicago, Ill.  
1888. Thompson, Charles S. W., M.D., Helena, Mont.  
1887. Thompson, James Henry, M.D., 960 Penn Avenue, Pittsburgh, Pa.  
1890. Thompson, Jay J., M.D., Chicago, Ill.  
1867. Thompson, John H., M.D., 36 E. 30th St., New York, N. Y.  
1887. Thompson, Landreth W., M.D., S. E. corner 18th and Mt. Vernon Streets, Philadelphia, Pa.  
1891. Thompson, Mark M., M.D., Chicago, Ill.  
1867. Thompson, Virgil, M.D., 137 W. 13th Street, New York.  
1891. Thompson, Will Sylvester, M.D., 58 State St., Augusta, Me.  
1887. Tobey, Walter Henry, M.D., 361 Columbus Avenue, Boston, Mass.  
1889. Toby, Carter McV., M.D., 266 E. 9th St., St. Paul, Minn.  
1891. Tomlinson, William H., M.D., 5210 Germantown Avenue, Philadelphia, Pa.  
1885. Tompkins, Albert H., M.D., Jamaica Plain, Boston, Mass.  
1879. Tooker, Robt. N., M.D., 263 Dearborn Avenue, Chicago, Ill.  
1890. Tousley, Robert F., M.D., Rome, N. Y.  
1886. Towner, Harry L., M.D., Athens, Pa.  
1866. TOWNSEND, E. W., M.D., Greensburg, Pa.  
1891. Townsend, Irving, M.D., 229 W. 38th St., New York, N. Y.  
1890. Treat, Charles R., Jr., M.D., Sharon, Wis.  
1890. Tremaine, Orlando G., M.D., Ida Grove, Iowa.  
1888. Trotter, Richard R., M.D., Yonkers, N. Y.  
1888. Tucker, Genevieve, M.D., Pueblo, Col.  
\*1871. Tuller, Emery R., M.D., Vineland, N. J.

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\* Died August 4, 1891.

1891. Tuttle, Edward G., M.D., 66 W. 46th St., New York, N. Y.  
1891. Tydeman, Dr. W. W., Knoxville, Tenn.  
1881. Tytler, George E., M.D., 113 W. 126th Street, New York.  
  
1881. Uebelacker, Armin E., M.D., Morristown, N. J.  
1891. Ulrey, Arthur O., M.D., Niles, Mich.  
  
1889. Valentine, James C., M.D., 1332 Wabash Ave., Chicago, Ill.  
1889. Valentine, Sarah L., M.D., 1332 Wabash Ave., Chicago, Ill.  
1881. Van Artsdalen, Christopher, M.D., Ashbourne, Pa.  
1889. Van Baun, William W., M.D., 419 Pine Street, Philadelphia, Pa.  
1887. Van Denburg, M. W., M.D., Ft. Edward, N. Y.  
1889. Van Denburg, W. H., M.D., 1638 Tremont St., Denver, Col.  
1891. Van Deusen, Edwin H., M.D., Philadelphia, Pa.  
1886. Van Lennep, William B., M.D., 1421 Sprnce Street, Philadelphia, Pa.  
1873. Van Norman, E. V., M.D., 927 Sixth St., San Diego, Cal.  
1870. Van Norman, H. B., M.D., 289 Pearl Street, Cleveland, O.  
1876. Van Vleck, Peter H., M.D., Hillsdale, Mich.  
1891. Ver Nooy, Charles, M.D., 63d and E. Boulevard, New York, N. Y.  
1858. VERDI, TULLIO S., M.D., 815 Fourteenth Street, N. W., Washington, D. C.  
1889. Vidal, James W., M.D., Valley City, N. Dak.  
1877. Vilas, Charles H., M.D., Central Music Hall, Chicago, Ill.  
1891. Vischer, Carl V., M.D., 1429 Poplar St., Philadelphia, Pa.  
1881. Vishno, Charles, M.D., 19 Olive St., New Haven, Conn.  
  
1891. Waggoner, G. W., M.D., Corry, Pa.  
1889. Wagner, Charles Henry, M.D., Faribault, Minn.  
1874. Wait, Phœbe J. B., M.D., Blind Asylum, Ninth Avenue, corner 34th Street, New York, N. Y.  
1886. Walker, Catherine, M.D., 180 Richmond Ave., Buffalo, N. Y.  
1888. Walker, James M., M.D., 1257 Broadway, Denver, Col.  
1869. Walker, Mahlon M., M.D., 14 W. Walnut Lane, Germantown, Philadelphia, Pa.  
1885. Walker, P. F., M.D., 282 Cranston St., Providence, R. I.  
1891. Walrad, Caleb B., M.D., Johnstown, N. Y.

1883. Walsh, Charles A., M.D., 74 Lafayette Ave., Detroit, Mich.  
 1872. Walter, Ziba D., M.D., Marietta, O.  
 1889. Walther, Edward, M.D., 203 Eighth St., St. Paul, Minn.  
 1874. Walton, Charles E., M.D., 270 W. 7th St., Cincinnati, O.  
 1883. Wanstall, Alfred, M.D., 818 N. Eutaw St., Baltimore, Md.  
 1844. WARD, ISAAC M., M.D., Newark, N. J.  
 1883. Ward, James W., M.D., 924 Geary St., San Francisco, Cal.  
 1891. Ward, John McE., M.D., 2024 E. Dauphin St., Philadelphia, Pa.  
 1891. Ware, Horace B., M.D., Scranton, Pa.  
 1869. Ware, William G., M.D., Dedham, Mass.  
 1873. Warren, H. Anna, M.D., 513 Gandy St., Dennison, Tex.  
 1882. Warren, Henry M., M.D., Jonesville, Mich.  
 1872. Warren, John K., M.D., 68 Pleasant St., Worcester, Mass.  
 1890. Washington, Lucy L., M.D., Baraboo, Wis.  
 1873. Waters, Moses H., M.D., Terre Haute, Ind.  
 1854. WATSON, WILLIAM H., M.D., 270 Genesee St., Utica, N. Y.  
 1801. Watts, Pliny R., M.D., Stafford Spring, Conn.  
 1882. Weaver, Chandler, M.D., Fox Chase P. O., Philadelphia, Pa.  
 1890. Webb, William B., M.D., Beaver Dam, Wis.  
 1881. Webster, Frank P., M.D., 39 Charlotte St., Norfolk, Va.  
 1890. Webster, John P., M.D., Delavan, Wis.  
 1891. Weirick, Clement A., M.D., Marseilles, Ill.  
 1865. WEBSTER, W., M.D., 127 S. Ludlow St., Dayton, O.  
 1888. Welch, George Oakes, M.D., Westborough, Mass.  
 1889. Welker, J. Wesley, M.D., Washington, Ill.  
 1848. WELLS, LUCIEN B., M.D., 13 Summit Place, Utica, N. Y.  
 \*1844. WELLS, PHINEAS P., M.D., 158 Clinton Street, Brooklyn N. Y.  
 1859. WESSELHÖFT, CONRAD, M.D., 291 Boylston Street, Boston, Mass.  
 1859. WESSELHÖFT, WILLIAM P., M.D., 176 Commonwealth Avenue, Boston, Mass.  
 1867. Wesselhöft, Walter, M.D., 391 Harvard St., Cambridge, Mass.  
 1889. Westover, H. W., M.D., St. Joseph, Mo.  
 1858. WEST, EDWIN, M.D., 111 W. Washington Place, New York, N. Y.

1866. WETMORE, JOHN MCE., M.D., 41 E. 29th Street, New York, N. Y.
1888. Wheeler, Amsden E., M.D., 322 W. 3d St., Los Angeles, Cal.
1882. Whipple, Alfred A., M.D., 637 Main Street, Quincy, Ill.
1867. White, J. Ralsey, M.D., 1944 Madison Avenue, New York.
1887. White, Roland T., M.D., 53 Jackson Street, Allegheny, Pa.
1860. WHITE, THEODORE C., M.D., 21 S. Clinton Street, Rochester, N. Y.
- \*1873. Whitfield, Isaiah J., M.D., Grand Rapids, Mich.
1888. Whiting, Walter B., M.D., Malden, Mass.
1890. Whitman, Frank S., M.D., Belvidere, Ill.
1888. Whitmarsh, Henry A., M.D., Providence, R. I.
1869. Whittier, Daniel B., M.D., Fitchburg, Mass.
1891. Wilbur, Bertrand K., M.D., 1421 Spruce St., Philadelphia, Pa.
1889. Wilcox, Asa S., M.D., Minneapolis, Minn.
1883. Wilcox, De Witt G., M.D., 568 Delaware Ave., Buffalo, N. Y.
1891. Wilcox, Frederick E., M.D., Willimantic, Conn.
1885. Wilcox, Mrs. H. Tyler, M.D., Eureka Springs, Ark.
1889. Wilcox, S. Catharine, M.D., Austin, Minn.
1886. Wilcox, Sidney Freeman, M.D., corner 57th Street and Broadway, New York.
1881. Wilberton, Lawrence G., M.D., Winona, Minn.
- †1859. WILD, EDWARD A., M.D. (residence unknown).
1855. WILDER, LOUIS DE V., M.D., 55 W. 33d Street, New York, N. Y.
1867. Willard, L. H., M.D., Allegheny and Western Avenues, Allegheny, Pa.
1889. Williams, Edwin C., M.D., 3214 Graves Pl., Chicago, Ill.
1891. Williams, Franklin E., M.D., Haddonfield, N. J.
1876. Williams, Nancy T., M.D., Winthrop Court, Augusta, Me.
1876. Williamson, Alonzo P., M.D., Fergus Falls, Minn.
1872. Williamson, Matthew S., M.D., 1311 Arch Street, Philadelphia, Pa.
1886. Wilkins, G. H., M.D., Palmer, Mass.
1887. Wilson, C. A., M.D., 111 Western Avenue, Allegheny, Pa.
1859. WILSON, GROVE H., M.D., Meriden, Conn.

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\* Died October 25, 1891.

† Died June, 1891.



1888. Wilson, Harold, M.D., 96 Miami Avenue, Detroit, Mich.  
 1876. Wilson, Jos. H., M.D., 125 Taylor Street, Bellefontaine, O.  
 1891. Wilson, Lewis D., M.D., 316 B St., S. E., Washington, D. C.  
 1873. Wilson, M. T., M.D., 136 Haight St., San Francisco, Cal.  
 1865. WILSON, T. P., M.D., 88 Lafayette Avenue, Detroit, Mich.  
 1878. Winslow, W. H., M.D., 956 Penn Avenue, Pittsburgh, Pa.  
 1885. Winterburn, George W., M.D., 328 W. 21st St., New York.  
 N. Y.  
 1886. Wolcott, Edwin H., M.D., 96 East Avenue, Rochester, N. Y.  
 1886. Wood, James C., M.D., Ann Arbor, Mich.  
 1860. WOOD, ORLANDO S., M.D., Omaha, Neb.  
 1870. Woodbury, William H., M.D., 611 Washington Boulevard,  
 Chicago, Ill.  
 1873. Woods, Mary A. B., M.D., Erie, Pa.  
 1868. Woodvine, Denton G., M.D., 739 Tremont St., Boston, Mass.  
 1870. Woodward, Alfred W., M.D., 130 Ashland Ave., Chicago, Ill.  
 1869. Woodward, A. M., M.D., 155 W. 12th St., New York, N. Y.  
 1891. Woodward, George D., M.D., 211 Broadway, Camden, N. J.  
 1888. Worcester, George W., M.D., Newburyport, Mass.  
 1872. Worcester, Samuel, M.D., El Cajon, San Diego County, Cal.  
 1870. Worthington, A. F., M.D., 170 W. 4th St., Cincinnati, O.  
 1869. Wright, A. R., M.D., 166 Franklin Street, Buffalo, N. Y.  
 1891. Wright, George H., M.D., Forest Glen, Md.  
 1881. Wright, Helen L. F., M.D., 231 W. Newton St., Boston, Mass.  
 1890. Wright, Preston W., M.D., 51 W. 16th St., New York, N. Y.  
 1881. Wisley, John A., M.D., Hampden, Mass.  
 1881. Wyman, Edmond L., M.D., Manchester Centre, Vt.  
  
 1891. Yocum, Charles A., M.D., Pottstown, Pa.  
 1881. Yoder, Daniel, M.D., Catasaqua, Pa.  
 1891. Young, Charles B., M.D., Lynchburg, Va.  
 1886. Youngman, M. D., M.D., Atlantic City, N. J.  
 1889. Zoller, Alvaro, M.D., West Union, Iowa.

## CORRESPONDING MEMBERS.

1873. Dr. Tommaso Cigliano, Naples, Italy.  
 1873. Dr. Sambul Mukhopādhyāya, Wellington Square, Calcutta,  
 India.

1876. Dr. W. Albert Haupt, Chemnitz, Saxony, Germany.  
1876. Dr. John W. Hayward, 117 Grove St., Liverpool, Eng.  
1876. Dr. Arthur C. Clifton, 65 Abingdon St., Northampton, Eng.  
1876. Dr. Thomas Skinner, 25 Somerset St., London, W., Eng.  
1879. Dr. Alfred C. Pope, Grantham, England.  
1882. Dr. A. Claude, 43 Rue de Caumartin, Paris, France.  
1885. Dr. Edward T. Blake, Berkeley Mansions, Hyde Park, London, England.  
1887. Dr. C. Bojanus, Sr., Library of T. Deubner, Moscow, Russia.  
1889. Dr. Mohendra Lal Sircar, Calcutta, India.  
1889. Dr. B. N. Banerjee, Calcutta, India.  
1891. Dr. Alexander von Villers, Dresden, Saxony, Germany.  
1891. Dr. Dyce Brown, London, W., England.  
1891. Dr. Leopold Salzer, 6 Loudon Street, Calcutta, India.

## HONORARY MEMBERS.

1876. Dr. P. Jousset, Paris, France.  
1876. Dr. R. E. Dudgeon, 53 Montague Square, London, W., Eng.  
1877. Dr. J. J. Drysdale, Liverpool, England.  
1877. Dr. Richard Hughes, Brighton, England.

## HONORARY ASSOCIATE MEMBERS.

1879. Mrs. Elizabeth Thompson, New York, N. Y.  
1883. Prof. N. B. Wood, Cleveland, O.  
1887. Mrs. Emily Talbot, 66 Marlborough Street, Boston, Mass.  
1889. Mr. A. J. Tafel, 1011 Arch Street, Philadelphia, Pa.



*LIST OF MEMBERS CLASSIFIED BY STATES.*

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*Alabama.*

1869. De Derkey, F. F., M.D., Mobile.

*Arkansas.*

1891. Daily, John C., M.D., Fort Smith.  
1881. Dake, Charles, M.D., Hot Springs.  
1882. Green, Wm. E., M.D., Little Rock.  
1867. Mason, S. R., M.D., Devall's Bluff.  
1885. Wilcox, Mrs. H. Tyler, M.D., Eureka Springs.

*Australia.*

1882. Ray, William R., M.D., 52 Collins Street, Melbourne.

*California.*

1867. Albertson, J. A., M.D., 119 Powell Street, San Francisco.  
1882. Arndt, Hugo R., M.D., 951 Sixth Street, San Diego.  
1883. Ballard, Laura A., M.D., 205 Powell Street, San Francisco.  
1883. Boericke, William, M.D., 330 Sutter Street, San Francisco.  
1869. Breyfogle, Charles W., M.D., San Jose.  
\*1867. Burdick, Stephen P., M.D., 1409 Grove Street, Oakland.  
1886. Burritt, Alice, M.D., cor. Washington and 11th Sts., Oakland.  
1867. Currier, C. B., M.D., 921½ Geary Street, San Francisco.  
1889. Dewey, Willis A., M.D., 834 Sutter Street, San Francisco.  
1887. Docking, Thomas, M.D., 643 Sixth Street, San Diego.  
1876. Eckel, John N., M.D., 324 Geary Street, San Francisco.  
1875. French, Hayes C., M.D., 114 Geary Street, San Francisco.  
1847. GUY, SAMUEL S., M.D., Visalia, Tulare County.  
1890. Haight, N. H., M.D., Redlands.

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\* Died December 19, 1891.

1867. Hill, Robert L., M.D., Oakland.  
1889. Howe, Willella, M.D., Santa Ana.  
1890. Kirkpatrick, John C., M.D., 328 W. 3d Street, Los Angeles.  
1886. Lilienthal, James Edward, M.D., 1316 Van Ness Avenue,  
San Francisco.  
\*1867. Lilienthal, S., M.D., 1316 Van Ness Avenue, San Francisco.  
1887. Macomber, H. K., M.D., Pasadena.  
1889. Martin, George H., M.D., San Francisco.  
1889. Mitchell, Eugene P., M.D., Los Angeles.  
1887. Munson, Mary F., M.D., 211 W. 3d Street, Los Angeles.  
1868. Pease, Giles M., M.D., 125 Turk Street, San Francisco.  
1867. Poulson, P. W., M.D., 523 Kearney Street, San Francisco.  
1867. Pratt, Leonard, M.D., San Jose.  
1848. RAYMOND, JONAS C., M.D., 626 13th Street, Oakland.  
1890. Rodes, Joseph, M.D., San Diego.  
1889. Saltonstall, Florence N., M.D., 723 Sutter St., San Francisco.  
1871. Shepherd, James S., M.D., Petaluma.  
1890. Swayze, Ormiston, M.D., Lakeport.  
1873. Van Norman, E. V., M.D., 927 Sixth Street, San Diego.  
1883. Ward, James W., M.D., 335 Geary Street, San Francisco.  
1888. Wheeler, Amsden E., M.D., Los Angeles.  
1873. Wilson, M. T., M.D., 136 Haight Street, San Francisco.  
1872. Worcester, Samuel, M.D., El Cajon.

*Canada.*

1891. Clark, Charles W., M.D., Winnipeg, Manitoba.  
1890. Morrison, William Sommerville, M.D., St. John, N. B.  
1891. Hetherington, Judson E., M.D., 72 Sydney St., St. John, N. B.

*Chili, S. A.*

1889. Hoover, Willis C., M.D., Iquique.

*Colorado.*

1891. Burnham, Norman G., M.D., Denver.  
1891. Clark, Edwin J., M.D., Longmont.  
1886. Cooke, Persifor Maraden, M.D., 16 Barth Block, Denver.

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\* Died October 2, 1891.

- 1875. Everett, Ambrose S., M.D., 1646 Tremont Street, Denver.
- 1870. King, E. H., M.D., 906 N. 15th Street, Denver.
- 1891. Kinley, Joseph B., M.D., Walton and 16th Streets, Denver.
- 1879. Shannon, Samuel F., M.D., 631 16th Street, Denver.
- 1880. Storke, Eugene F., M.D., Denver.
- 1888. Tucker, Genevieve, M.D., Pueblo.
- 1889. Van Denburg, W. H., M.D., 1638 Tremont Street, Denver.
- 1888. Walker, James M., M.D., 1257 Broadway, Denver.

*Connecticut.*

- 1886. Adams, C. B., M.D., New Haven.
- 1881. Allen, Albion H., M.D., New London.
- 1891. Allen, Jonathan H., M.D., Rockville.
- 1888. Barber, Oscar M., M.D., Mystic Bridge.
- 1891. Beebe, William B., M.D., Bridgeport.
- 1851. BELL, WILLIAM C., M.D., Middletown.
- 1869. Bishop, Herbert M., M.D., 289 Main Street, Norwich.
- 1881. Case, Erastus E., M.D., 109 Ann Street, Hartford.
- 1870. Cheyney, Benjamin H., M.D., 45 Elm Street, New Haven.
- 1874. Gregory, Edward P., M.D., Waterbury.
- 1891. Hinckley, Walter F., M.D., Naugatuck.
- 1873. Hitchcock, Dexter, M.D., Norwalk.
- 1879. Hoag, Clitus S., M.D., Bridgeport.
- 1885. Hooker, Edward B., M.D., 253 Main Street, Hartford.
- 1888. Humphrey, Frank M., M.D., Danielsonville.
- 1887. Jewett, Joseph Waldo, M.D., New Haven.
- 1891. Keeler, Charles B., M.D., New Canaan.
- 1885. Linnell, E. H., M.D., 61 Broadway, Norwich.
- 1886. Pardee, Emily V., M.D., South Norwalk.
- 1891. Peltier, Pierre, M.D., Hartford.
- 1877. Penfield, Sophia, M.D., Danbury.
- 1867. Phillips, Albert William, M.D., Birmingham.
- 1888. Pulford, Alfred, M.D., Ansonia.
- 1881. Rockwell, John A., M.D., Norwich.
- 1849. RODMAN, WILLIAM W., M.D., New Haven.
- 1880. Russegue, Henry E., M.D., Hartford.
- 1891. Sage, Frederick H., M.D., Middletown.
- 1869. Sage, William H., M.D., New Haven.
- 1867. Sanford, Charles E., M.D., Bridgeport.

- 1850. SPRINGSTEED, DAVID, M.D., South Woodstock.
- 1891. Stark, Clinton E., M.D., Norwich.
- 1890. Talmage, Alonzo L., M.D., New Haven.
- 1881. Vishno, Charles, M.D., 19 Olive Street, New Haven.
- 1891. Watts, Pliny R., M.D., Stafford Spring.
- 1891. Wilcox, Frederick E., M.D., Willimantic.
- 1859. WILSON, GROVE H., M.D., Meriden.

*Delaware.*

- 1889. Clements, Thomas O., M.D., Dover.
- 1891. Cooper, Peter, M.D., 918 West Street, Wilmington.
- 1891. Flinn, Lewis H., M.D., 510 W. 9th Street, Wilmington.
- 1869. Kittinger, Leonard, M.D., 724 King Street, Wilmington.
- 1886. Kittinger, Leonard Armour, M.D., Wilmington.
- 1872. Lawton, C. H., M.D., 408 Delaware Avenue, Wilmington.
- 1884. Lukens, Joseph Paul, M.D., 813 Washington St., Wilmington.
- 1867. Negendank, Augustus, M.D., 901 Washington Street, Wilmington.
- 1891. Negendank, Egmont T., M.D., 910 Washington Street, Wilmington.

*District of Columbia.*

- 1880. Allen, Charles, M.D., 415 Seventh Street, S. W., Washington.
- 1891. Babbitt, Zeno B., M.D., 810 11th St., N. W., Washington.
- 1871. Bacon, Charles A., M.D., 1312 Connecticut Ave., Washington.
- 1871. Baldwin, Aaron, M.D., 219 E. Capitol St., Washington.
- 1891. Choate, Rufus, M.D., 3267 O. Street, Washington.
- 1891. Corey, Waterman F., M.D., 1305 R St., N. W., Washington.
- 1889. Custis, George W. N., M.D., Washington.
- 1879. Custis, J. B. G., M.D., 110 E. Capitol St., Washington.
- 1890. Dennison, Ira Warren, M.D., Washington.
- 1872. Edson, Susan A., M.D., 1308 I St., Washington.
- 1886. Freer, James A., M.D., 924 New York Avenue, Washington.
- 1884. Gardner, Franklin A., M.D., 1016 Fourteenth Street, N. W., Washington.
- 1891. Gibbs, B. Frank, M.D., 1111 Ninth St. N. W., Washington.
- 1888. Gilbert, Charles B., M.D., 1011 H St., N. W., Washington.
- 1891. Heron, William H., M.D., 1214 Sixth Street, N. W., Washington.

1891. Hislop, Margaret, M.D., 313 M Street, N. W., Washington.  
 1891. Janney, Edgar, M.D., 12 Iowa Circle, N. W., Washington.  
 1891. Jenkins, Ralph, M.D., 910 44th St., N. W., Washington.  
 1888. King, William R., M.D., 812 Eleventh Street, N. W., Washington.  
 1891. Kingsman, Richard, M.D., 713½ E. Capitol St., Washington.  
 1888. Krogstad, Henry, M.D., 1402 Massachusetts Avenue, Washington.  
 1891. Macdonald, Thomas L., M.D., 1106 N. Y. Ave., Washington.  
 1885. Munson, Reginald, M.D., 1140 Connecticut Avenue, Washington.  
 1876. Pope, Gustavus W., M.D., 1109 Fourteenth Street, Washington.  
 1891. Rauterberg, Lewis E., M.D., 510 Fifth Street, N. W., Washington.  
 1887. Riggs, D. H., M.D., 1012 Massachusetts Ave, Washington.  
 1891. Roberts, Grace, M.D., 420 C Street, S. E., Washington.  
 \*1891. Roome, Edward, M.D., 1845 Fourteenth Street, Washington.  
 1891. Shoulters, George H., M.D., Fourteenth and R Streets, N. W., Washington.  
 1891. Stearns, Solomon S., M.D., 1425 Rhode Island Avenue, N. W., Washington.  
 1891. Swormstedt, Lyman B., M.D., 1455 Fourteenth Street, N. W., Washington.  
 1858. VERDI, TULLIO S., M.D., 815 Fourteenth St., Washington.  
 1891. Wilson, Lewis D., M.D., 316 B Street, S. E., Washington.

*Florida.*

1882. Stodt, Henry R., M.D., Jacksonville.

*Georgia.*

1885. Hicks, Susan N., M.D., Atlanta.  
 1885. Lawshè, John L., M.D., Atlanta.  
 1873. Lukens, M. B., M.D., Dalton.  
 1883. Manahan, Manning W., M.D., Atlanta.  
 1872. Morse, Lucius D., M.D., 128 S. Pryor Street, Atlanta.  
 1859. ORME, FRANCIS H., M.D., 42 N. Forsyth Street, Atlanta.

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\* Died November 27, 1891.

1890. Paine, Clarence M., M.D., Atlanta.  
1889. Patrick, William G., M.D., Thomasville.  
1882. Schley, Edward B., M.D., Columbus.

*Illinois.*

1872. Allen, Henry C., M.D., 5401 Jefferson Avenue, Chicago.  
1890. Andrews, Sarah W., M.D., 325 Bowen Avenue, Chicago.  
1889. Bacon, Sarah E., M.D., 171 Twenty-second Street, Chicago.  
1889. Bailey, E. Stillman, M.D., 3034 Michigan Avenue, Chicago.  
1875. Baker, Almena J., M.D., Highland Park.  
\*1867. Barker, William C., M.D., Waukegan.  
1889. Bascom, Henry M., M.D., Ottawa.  
1886. Bedell, Leila G., M.D., 181 Dearborn Ave., Chicago.  
1891. Blackman, Orville B., M.D., Dixon.  
1873. Buffum, J. H. M.D., 100 State Street, Chicago.  
1890. Burnside, A. W., M.D., Chicago.  
1873. Canfield, Corresta T., M.D., 244 Lincoln Avenue, Chicago.  
1871. Chase, Maurice J., M.D., Galesburg.  
1890. Chislett, Howard Roy, M.D., Chicago.  
1890. Cobb, Joseph P., M.D., 207 Thirty-first Street, Chicago.  
1890. Coutant, George F., M.D., La Salle.  
1883. Crawford, Alex. K., M.D., 70 State Street, Chicago.  
1882. Downey, F. Edgar, M.D., Clinton.  
1866. DUNCAN, T. C., M.D., 100 State Street, Chicago.  
1891. Dunn, Charles N., M.D., 200 Broadway, Centralia.  
1890. Dunn, Wesley A., M.D., Central Music Hall, Chicago.  
1890. Ewing, Alice A., M.D., Hyde Park.  
1890. Fellows, Charles G., M.D., 70 State Street, Chicago.  
1867. Fellows, H. Barton, M.D., 2969 Indiana Avenue, Chicago.  
1880. Foster, Richard N., M.D., 10 Warren Avenue, Chicago.  
1885. Fuller, Charles G., M.D., 39 Central Music Hall, Chicago.  
1880. Gentry, Wm. D., M.D., 182 State Street, Chicago.  
1882. Gilman, John E., M.D., 455 W. Washington St., Chicago.  
1890. Gordon, F. W., M.D., Sterling.  
1890. Gould, William W., M.D., Rochelle.  
1890. Green, Isadore L., M.D., Chicago.  
1874. Grosvenor, Lemuel C., M.D., 185 Lincoln Avenue, Chicago.

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\* Died September 10, 1891.

1889. Grosvenor, Lorenzo N., M.D., 185 Lincoln Avenue, Chicago.  
1883. Gross, James Eldredge, M.D., 48 Madison Street, Chicago.  
1887. Halbert, Homer V., M.D., 2400 Prairie Avenue, Chicago.  
1865. HALE, EDWIN M., M.D., 65 Twenty-second Street, Chicago.  
1891. Hall, Amos C., M.D., Chicago.  
1860. HALL, GEORGE A., M.D., 2400 Prairie Avenue, Chicago.  
1890. Harvey, Wm. S., M.D., 565 W. Madison Street, Chicago.  
1879. Hawkes, William J., M.D., Central Music Hall, Chicago.  
1890. Hedges, Albert P., M.D., 1383 N. Clark Street, Chicago.  
1891. Hedges, LeRoy C., M.D., Ravenswood, Chicago.  
1868. Hedges, S. P., M.D., Central Music Hall, Chicago.  
1876. Hobart, Henry M., M.D., 402 Centre Street, Chicago.  
1887. Hobart, William F., M.D., 630 Melrose Street, Chicago.  
1884. Hotchkiss, Isabella Scott, M.D., Riverside.  
1889. Johnson, Joseph H. S., M.D., 895 W. North Avenue, Chicago.  
1880. Kinyon, Claudius B., M.D., Rock Island.  
1870. Kippax, John R., M.D., 3154 Indiana Avenue, Chicago.  
1889. Knoll, Walter F., M.D., 726 Washington Boulevard, Chicago.  
1889. Laning, Charles E., M.D., Central Music Hall, Chicago.  
1882. Leavitt, Sheldon, M.D., 148 Thirty-seventh Street, Chicago.  
1885. Lowenthal, Louis, M.D., Washington Heights.  
1887. Ludlam, Reuben, Jr., M.D., 1823 Michigan Avenue, Chicago.  
1857. LUDLAM REUBEN, M.D., 1823 Michigan Avenue, Chicago.  
1890. MacCracken, William P., M.D., 60 Forty-third St., Chicago.  
1866. MITCHELL, J. S., M.D., 2954 Michigan Avenue, Chicago.  
1890. Myers, Priscilla G., M.D., Aurora.  
1890. Newell, R. C., M.D., Austin.  
1891. Parker, James W., M.D., Warsaw.  
1890. Poppele, Charles F., M.D., Mt. Pulaski.  
1874. Pratt, E. H., M.D., Central Music Hall, Chicago.  
1889. Primm, John W., M.D., Woodstock.  
1886. Printy, James Anthony, M.D., 598 Lincoln Ave., Chicago.  
1890. Read, Edwin C., M.D., Blue Island.  
1886. Richards, George E., M.D., Central Music Hall, Chicago.  
1890. Roberts, Susan A., M.D., Lemont.  
1889. Roberts, Thomas Elmer, M.D., Oak Park.  
1890. Rockwell, Cortland B., M.D., Chicago.  
1891. Rogers, L. D., M.D., 441 Dearborn Avenue, Chicago.

1890. Sanders, William H., M.D., Chicago.  
1889. Schmidt, John Alfred, M.D., 2554 Halstead Street, Chicago.  
1889. Schrader, Wm. H., M.D., 3900 Cottage Grove Ave., Chicago.  
1882. Shears, George F., M.D., 3130 Indiana Ave., Chicago.  
1889. Shepard, William A., M.D., Elgin.  
1857. SHIPMAN, GEORGE E., M.D., Chicago.  
1889. Skiles, Hugh P., M.D., 963 W. Monroe Street, Chicago.  
1890. Smith, Emmet L., M.D., Lincoln Park Sanitarium, Chicago.  
1882. Smith, Julia H., M.D., 521 Dearborn Avenue, Chicago.  
1885. Smith, Norman Pitt, M.D., Paris.  
1889. Smith, Wilson A., M.D., 30 Henry Street, Morgan Park.  
1891. Stettler, Cornelia S., M.D., Aurora.  
1890. Sturtevant, Myron C., M.D., Morris.  
1887. Thome, Arthur G., M.D., 239 Lincoln Avenue, Chicago.  
1890. Thompson, Jay J., M.D., Chicago.  
1891. Thompson, Mark M., M.D., Chicago.  
1879. Tooker, Robert N., M.D., 263 Dearborn Avenue, Chicago.  
1889. Valentine, James C., M.D., 1332 Wabash Avenue, Chicago.  
1889. Valentine, Sarah L., M.D., 1332 Wabash Avenue, Chicago.  
1877. Villas, C. H., M.D., Central Music Hall, Chicago.  
1891. Weirick, Clement A., M.D., Marseilles.  
1889. Welker, J. Wesley, M.D., Washington.  
1882. Whipple, Alfred A., M.D., 637 Main Street, Quincy.  
1890. Whitman, Frank S., M.D., Belvidere.  
1889. Williams, Edwin C., M.D., 3214 Graves Place, Chicago.  
1870. Woodbury, William H., M.D., 611 Washington Boulevard,  
Chicago.  
1870. Woodward, Alfred W., M.D., 130 Ashland Avenue, Chicago.

*Indiana.*

1891. Baker, Frank W., M.D., Kokomo.  
1869. Bowen, G. W., M.D., 232 E. Washington Street, Ft. Wayne.  
1873. Breyfogle, W. L., M.D., New Albany.  
1883. Cole, Ezra Z., M.D., Michigan City.  
1869. Compton, J. Augustine, M.D., Indianapolis.  
1875. Davis, Fielding L., M.D., Evansville.  
1891. Elder, William R., M.D., 216 N. Sixth Street, Terre Haute.  
1873. Fisher, A. Leroy, M.D., 315 Pigeon Street, Elkhart.  
1865. HAYNES, J. R., M.D., 120 N. Meridian Street, Indianapolis.



- 1886. Martin, John S., M.D., Muncie.
- 1878. Palmer, Lyman R., M.D., Valparaiso.
- 1873. Runnels, O. S., M.D., Indianapolis.
- 1887. Runnels, Sollis, M.D., Indianapolis.
- 1891. Stewart, E. Corwin, M.D., Peru.
- 1891. Stewart, John W. G., M.D., Wabash.
- 1882. Taylor, Theodore H., M.D., Evansville.
- 1873. Waters, M. H., M.D., Terre Haute.

*Iowa.*

- 1868. Bancroft, Walton, M.D., Keokuk.
- 1889. Banton, Benson, M.D., Waterloo.
- 1889. Becker, Frederick, M.D., Clermont.
- 1889. Becker, Frederick J., M.D., Postville.
- 1889. Bonham, John C., M.D., Sioux City.
- 1889. Bray, Nicholas, M.D., Dubuque.
- 1889. Burns, Judson D., M.D., Grundy Centre.
- 1889. Chamberlain, Myron H., M.D., Council Bluffs.
- 1866. COGSWELL, C. H., M.D., 65, Second Avenue, Grand Rapids
- 1875. Cowperthwaite, Allen C., M.D., Iowa City.
- 1891. Eaton, Charles W., M.D., 420 Walnut Street, Des Moines.
- 1885. Ehinger, George E., M.D., Keokuk.
- 1889. Hanchett, Alfred P., M.D., Council Bluffs.
- 1891. Hanchett, John L., M.D., 411 Jackson St., Sioux City.
- 1889. Harris, Nellie R., M.D., Des Moines.
- 1884. Hazard, Theodore Lincoln, M.D., Anamosa.
- 1876. Hindman, David R., M.D., Marion.
- 1876. Jackson, Edward R., M.D., Dubuque.
- 1887. Linn, A. M., M.D., Des Moines.
- 1891. Parsons, Roscoe M., M.D., Traer.
- 1891. Royal, George, M.D., 1234 Sixth Avenue, Des Moines.
- 1890. Smith, Sarah, M.D., Council Bluffs.
- 1882. Spreng, T. F. H., M.D., Sioux City.
- 1891. Strawbridge, Frank A., M.D., Sigourney.
- 1890. Tremaine, Orlando G., M.D., Ida Grove.
- 1889. Zoller, Alvaro, M.D., West Union.

*Kansas.*

- 1868. Barrows, George S., M.D., Marion.
- 1877. Branstrup, William T., M.D., Topeka.

- 1891. Brown, Manuel J., M.D., Salina.
- 1890. Diederich, Peter, M.D., Kansas City.
- 1891. Jackson, Frances U. W., M.D., Emporia.
- 1876. Johnson, George H. T., M.D., Atchison.
- 1889. Roby, Henry W., M.D., Topeka.

*Kentucky.*

- 1887. Dills, Malcolm, M.D., Carlisle.
- 1880. Given, Adam, M.D., 1403 W. Jefferson Street, Louisville.
- 1887. Millsop, Sarah J., M.D., Bowling Green.
- 1890. Monroe, Andrew L., M.D., Louisville.
- 1875. Robinson, John T., Warraw.

*Louisiana.*

- 1891. Angell, Samuel W., M.D., 767 Carondelet St., New Orleans.
- 1891. Mayer, Charles R., M.D., 268 St. Charles St., New Orleans.
- 1877. Murphy, Edmund A., M.D., 238 Camp St., New Orleans.
- 1860. HOLCOMBE, W. H., M.D., 288 St. Charles St., New Orleans.

*Maine.*

- 1869. Briry, Milton S., M.D., Bath.
- 1871. Drake, Olin M., M.D., Ellsworth.
- 1869. Flanders, David P., M.D., Belfast.
- 1891. Gannett, James C., M.D., Yarmouth.
- 1869. Graves, S. P., M.D., Saco.
- 1891. Hanscom, Walter V., M.D., Rockland.
- 1887. Harvey, Austin I., M.D., Newport.
- 1859. JEFFERDS, GEORGE P., M.D., Bangor.
- 1888. Knox, Joseph H., M.D., Orono.
- 1847. SHACKFORD, RUFUS, M.D., Portland.
- 1891. Thompson, W. S., M.D., 58 State Street, Augusta.
- 1876. Williams, Nancy T., M.D., Winthrop Court, Augusta.

*Maryland.*

- 1891. Barnard, James S., M.D., 2111 St. Paul Street, Baltimore.
- 1891. Brewster, Cora B., M.D., 1027 Madison Avenue, Baltimore.
- 1891. Brewster, Flora A., M.D., 1027 Madison Avenue, Baltimore.
- 1891. Buck, Michael J., M.D., Baltimore.

1891. Chandler, Henry, M.D., 1019 Linden Avenue, Baltimore.  
 1891. Condon, Edward H., M.D., 1403 W. Fayette St., Baltimore.  
 1891. Drane, Frank C., M.D., 1001 W. Lanvale Street, Baltimore.  
 1891. Garey, Henry F., M.D., 411 N. Charles Street, Baltimore.  
 1852. HAMMOND, MILTON, M.D., 310 N. Paca St., Baltimore.  
 1891. Janney, O. Edward, M.D., 837 N. Eutaw St., Baltimore.  
 1871. Kneass, Nicholas W., M.D., 607 N. Charles Street, Baltimore.  
 1891. Lindley, Havard, M.D., 847 Park Avenue, Baltimore.  
 1891. Mifflin, Robert W., M.D., 321 N. Paca Street, Baltimore.  
 1884. Miller, Irving, M.D., 1207 E. Monument St., Baltimore.  
 1884. Morgan, Wm. L., M.D., 212 W. Franklin St., Baltimore.  
 1891. Price, Eldridge C., M.D., 1013 Linden Avenue, Baltimore.  
 1867. Price, Elias C., M.D., 953 Madison Avenue, Baltimore.  
 1867. Shearer, Thomas, M.D., 345 N. Charles St., Baltimore.  
 1890. Shearer, Thomas L., M.D., Baltimore.  
 1891. Thomas, Charles H., M.D., 1006 E. Baltimore St., Baltimore.  
 1883. Wanstall, Alfred, M.D., 818 N. Eutaw Street, Baltimore.  
 1891. Wright, George H., M.D., Forest Glen.

*Massachusetts.*

1887. Adams, George Smith, M.D., Westborough.  
 1887. Allen, Lamson, M.D., Southbridge.  
 1868. Alvord, Samuel, M.D., Chicopee Falls.  
 1853. ANGELL, HENRY C., M.D., 16 Beacon Street, Boston.  
 1885. Babcock, D. A., M.D., Fall River.  
 1881. Baker, Almira J., M.D., 168 W. Newton Street, Boston.  
 1887. Baynum, Mary H., M.D., 22 Chester Square, Boston.  
 1868. Bell, Jas. B., M.D., 178 Commonwealth Avenue, Boston.  
 1877. Bellows, Howard P., M.D., 118 Boylston Street, Boston.  
 1872. Bender, Prosper, M.D., 314 Boylston Street, Boston.  
 1889. Bennett, William Henry, M.D., Fitchburg.  
 1888. Bennitt, Francis M., M.D., Chicopee.  
 1887. Blodgett, S. H., M.D., 880 Main Street, Cambridge.  
 1880. Boothby, Alonzo, M.D., 260 Clarendon Street, Boston.  
 1883. Carmichael, John H., M.D., 41 Maple Street, Springfield.  
 1882. Carvill, Alphonso H., M.D., Somerville.  
 1891. Chalmers, Robert, M.D., Woburn.  
 1876. Chase, Herbert A., M.D., 772 Main Street, Cambridgeport.  
 1847. CHASE, HIRAM L., M.D., 752 Main Street, Cambridge.

1891. Chipman, Anna Mary, M.D., 81 Roxbury Street, Roxbury.  
1891. Church, Adeline B., M.D., 102 Huntington Ave., Boston.  
1881. Clapp, J. Wilkinson, M.D., Brookline.  
1888. Clarke, Henry L., M.D., New Bedford.  
1886. Colby, Edwin A., M.D., Gardner.  
1890. Colby, Edward Porter, M.D., Wakefield.  
1876. Conant, Thomas, M.D., Gloucester.  
1869. Cross, Hiram B., M.D., 21 Seavern's Avenue, Jamaica Plain,  
Boston.  
1859. CULLIS, CHARLES, M.D., Beacon Hill Place, Boston.  
1886. Culver, Mrs. Jane Kendrick, M.D., 698 Tremont Street,  
Boston.  
1881. Cummings, M. Louisa, M.D., 6 Somerset Street, Boston.  
1867. Cushing, Alvin M., M.D., 175 State Street, Springfield.  
1869. Cutler, William C., M.D., 10 Everett Avenue, Chelsea.  
1891. Dwinell, Bryan L., M.D., Taunton.  
1891. Emerson, Nathaniel Waldo, M.D., 129 Hancock St., Boston.  
1887. Fay, Charlotte H., M.D., Springfield.  
1859. FARNSWORTH, CHARLES H., M.D., East Cambridge.  
1879. Flanders, Martha J., M.D., Lynn.  
1874. Forbes, George F., M.D., West Brookfield.  
1881. Foss, David, M.D., Newburyport.  
1887. Gooding, E. Jeanette, M.D., 223 W. Springfield Street,  
Boston.  
1886. Halsey, Frederick W., M.D., 231 W. Newton St., Boston.  
1887. Hanson, William Green, M.D., Everett.  
1869. Hayward, Joseph W., M.D., Taunton.  
1891. Hill, Lucy Chaloner, M.D., 130 N. Main St., Fall River.  
1869. Holt, Edward B., Lowell.  
1887. Hopkins, Stephen Worcester, M.D., Lynn.  
1859. HOUGHTON, HENRY A., M.D., 12 Cordis Street, Boston.  
1888. Houghton, Neidhard H., M.D., 544 Columbus Avenue,  
Boston.  
1884. Hunter, Horatio M., M.D., Lowell.  
1878. Jackson, Edward R. M., M.D., 86 Dudley Street, Boston.  
1854. JONES, ELIJAH U., M.D., Taunton.  
1881. Kennedy, Alonzo L., M.D., 384 Boylston St., Boston.  
1865. KREBS, FRANCIS H., M.D., 42 Union Park, Boston.  
1883. Leeds, Charles, M.D., 189 Chestnut Street, Chelsea.

1891. Leland, Clarence H., M.D., 128 Merrimack Street, Lowell.  
1858. LOUGEE, WILLIAM H., M.D., Lawrence.  
1885. Mellus, Edward Lyndon, M.D., Worcester.  
1867. Morse, Nathan R., M.D., Salem.  
1891. Mosher, Mary E., M.D., 53 Blue Hill Avenue, Roxbury.  
1880. Nichols, Charles L., M.D., Worcester.  
1887. Nordstrom, Cynthia Maria, M.D., Malden.  
1881. Packard, Horace, M.D., 295 Westchester Park, Boston.  
1868. Packard, Liberty D., M.D., 538 Broadway, S. Boston.  
1853. PAINE, JOSEPH P., M.D., Hotel Eliot, Roxbury.  
1877. Paine, N. Emmons, M.D., Westboro.  
1881. Parkhurst, L. B., M.D., Northampton.  
1867. Payne, Frederick W., M.D., Hotel Pelham, Boston.  
1879. Payne, George H., M.D., 590 Tremont Street, Boston.  
1860. PAYNE, JAMES H., M.D., 342 Commonwealth Ave., Boston.  
1887. Percy, Frederick B., M.D., Brookline.  
1887. Percy, George Emory, M.D., Salem.  
1881. Perkins, Nathaniel R., M.D., Winchendon.  
1886. Perkins, Wesley, M.D., Malden.  
1881. Phillips, Leslie A., M.D., Woodbury Building, Boston.  
1886. Putnam, T. J., M.D., North Adams.  
1881. Rand, Nehemiah W., M.D., Monson.  
1885. Rand, John Prentice, M.D., 49 Pleasant Street, Worcester.  
1891. Reed, Clara D., M.D., Newton.  
1886. Richardson, Frank C., M.D., 1 Saratoga Place, E. Boston.  
1888. Robinson, Wilhelmus B., M.D., Shelburne Falls.  
1886. Rollins, Charlotte A., M.D., 418 Meridian Street, E. Boston.  
1890. Sanders, Orren B., M.D., Boston.  
1859. SANDERS, OWEN S., M.D., 511 Columbia Avenue, Boston.  
1890. Sawtelle, Benjamin A., M.D., Enfield.  
1867. Scales, Edward P., M.D., Newton.  
1872. Scott, Chester W., M.D., Lawrence.  
1859. SHERMAN, JOHN H., M.D., 534 Broadway, Boston.  
1879. Sherman, Sarah E., M.D., Salem.  
1854. SISSON, EDWARD R., M.D., New Bedford.  
1869. Smith, J. Heber, M.D., 279 Dartmouth Street, Boston.  
1887. Southgate, Robert Wilson, M.D., Rockland.  
1883. Southwick, George R., M.D., 460 West Chester Park, Boston.  
1869. Spalding, Henry E., M.D., "The Cluny," Boston.

1880. Strong, Thomas M., M.D., Mass. Hom. Hosp., East Concord Street, Boston.
1881. Sturtevant, Charles, M.D., Hyde Park.
1887. Sutherland, John Preston, M.D., 157 Newbury St., Boston.
1880. Swain, Mary L., M.D., 474 Columbus Avenue, Boston.
1888. Talbot, George H., M.D., Newtonville.
1853. TALBOT, I. TISDALE, M.D., 66 Marlborough Street, Boston.
1890. Talbot, Winthrop Tisdale, M.D., 66 Marlborough St., Boston.
1875. Taylor, Esther W., M.D., 658 Tremont Street, Boston.
1847. THAYER, DAVID, M.D., 200 Columbus Avenue, Boston.
1890. Thomas, Charles H., M.D., Cambridge.
1817. Toby, Walter Henry, M.D., 361 Columbus Avenue, Boston.
1885. Tompkins, Albert H., M.D., Jamaica Plain, Boston.
1869. Ware, William G., M.D., Dedham.
1872. Warren, John K., M.D., 68 Pleasant Street, Worcester.
1888. Welch, George Oakes, M.D., Westborough.
1859. WESSELHÆFT, CONRAD, M.D., 291 Boylston St., Boston.
1867. Wesselhæft, Walter, M.D., 391 Harvard Street, Cambridge.
1859. WESSELHÆFT, WM. P., M.D., 176 Commonwealth Avenue, Boston.
1888. Whiting, Walter B., M.D., Malden.
1869. Whittier, Daniel B., M.D., Fitchburg.
1886. Wilkins, G. H., M.D., Palmer.
1868. Woodvine, Denton G., M.D., 739 Tremont Street, Boston.
1888. Worcester, George W., M.D., Newburyport.
1881. Wright, Helen L. F., M.D., W. Newton Street, Boston.
1881. Wrisley, John A., M.D., Greenfield.

*Michigan.*

1873. Allen, George D., M.D., Portland.
1881. Barker, Clarence F., M.D., Manistee.
1873. Bartlett, Henry H., M.D., Leslie.
1889. Berrick, Francis H., M.D., Buchanan.
1891. Clark, Ernest A., M.D., Ann Arbor.
1888. Cornell, Albert B., M.D., Kalamazoo.
1891. Covey, Alfred Dale, M.D., Grand Ledge.
1891. Covey, Calvin E., M.D., Port Huron.
1891. Crandall, Willis A., M.D., Sturgis.
1888. Defendorf, John J., M.D., Ionia.

1889. Gatchell, Charles, M.D., Ann Arbor.  
 1889. Geisse, Emma C., M.D., 37 Adams Avenue, Detroit.  
 1891. Grant, Albert B., M.D., Ionia.  
 1883. Johnson, Seymour A., Kalkaska.  
 1875. Jones, Leonidas M., M.D., Brooklyn.  
 1887. Knight, Stephen H., M.D., Grace Hospital, Detroit.  
 1888. Leseure, Oscar, M.D., 406 Cass Ave., Detroit.  
 1891. Long, Oscar R., M.D., Ionia.  
 1886. McLachlan, Daniel A., M.D., Ann Arbor.  
 1890. Mack, Charles S., M.D., Ann Arbor.  
 1875. Miller, Christopher C., M.D., 512 Woodward Ave., Detroit.  
 1890. Mowry, Henry P., M.D., Brouson.  
 1889. Nottingham, David M., M.D., Lansing.  
 1888. Nottingham, John C., M.D., Bay City.  
 1882. Obetz, Henry L., M.D., 139 First Street, Detroit.  
 1884. Olin, Rollin C., M.D., 144 High Street, W. Detroit.  
 1890. Polglase, William A., M.D., Detroit.  
 1880. Porter, Philip, M.D., Adams Ave., E. Detroit.  
 1889. Sherman, Nancy B., M.D., Cooper.  
 1873. Smith, Chester, M.D., Portland.  
 1889. Smith, Virginia T., M.D., Detroit.  
 1875. Spinney, Andrew B., M.D., 308 Woodward Ave., Detroit.  
 1891. Utley, Arthur O., M.D., Niles.  
 1876. Van Vleck, Peter H., M.D., Hillsdale.  
 1883. Walsh, Charles A., M.D., 74 Lafayette Ave., Detroit.  
 1882. Warren, Henry M., M.D., Jonesville.  
 \*1873. Whitfield, Isaiah J., M.D., Grand Rapids.  
 1888. Wilson, Harold, M.D., 96 Miami Ave., Detroit.  
 1865. WILSON, T. P., M.D., 88 Lafayette Ave., Detroit.  
 1886. Wood, James C., M.D., Ann Arbor.

*Minnesota.*

1888. Aldrich, H. C., M.D., 53 Syndicate Block, Minneapolis.  
 1889. Allen, Wilson A., M.D., Rochester.  
 1889. Bowman, Frederick C., M.D., Duluth.  
 1889. Brazie, Henry W., M.D., 1006 Fourth Ave. S., Minneapolis.  
 1889. Briggs, W. S., M.D., St. Paul.

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\* Died October 25, 1891.

1889. Diessner, Henry Richard, M.D., Waconia.  
1891. Dolan, Stanley A., M.D., Fergus Falls.  
1881. Eastman, Arthur M., M.D., St. Paul.  
1886. Felch, Albert H., M.D., 2606 Colfax Ave., Minneapolis.  
1889. Fryberger, Wm. O., M.D., 402 Nicollet Ave., Minneapolis.  
1889. Haines, Bessie P., M.D., 481 Ada Street, St. Paul.  
1889. Hall, Levi, M.D., 77 Highland Ave., Minneapolis.  
1889. Harnden, George B., M.D., Sherburne.  
1867. HATCH, PHILO L., M.D., Minneapolis.  
1831. Hawes, George H., M.D., Hastings.  
1871. Higbee, Albert E., M.D., Minneapolis.  
1871. Higbee, Chester G., M.D., St. Paul.  
1889. Holden, Fannie E., M.D., Duluth.  
1888. Horning, David W., M.D., 608½ Nicollet Ave., Minneapolis.  
1889. Hoyt, Osmond N., M.D., Duluth.  
1889. Hubbell, Eugene, M.D., Waseka.  
1869. Humphrey, Otis M., M.D., 100 E. 14 Street, Minneapolis.  
1889. Hutchison, Adele S., M.D., 318 E. 14th Street, Minneapolis.  
1881. Hutchinson, Henry, M.D., St. Paul.  
1889. Just, August Adolph, M.D., Crookston.  
1889. Lawrence, W. D., M.D., Minneapolis.  
1889. Leonard, Henry C., Minneapolis.  
1882. Leonard, William E., M.D., Minneapolis.  
1873. Leonard, W. H., M.D., Minneapolis.  
1890. Lowe, Thomas, M.D., Slayton.  
1889. Matchan, Robert D., M.D., 2807 Lyndale Ave., Minneapolis.  
1889. Nelson, Petrus, M.D., 51, Syndicate Block, Minneapolis.  
1889. Perkins, Edward R., M.D., Excelsior.  
1889. Perrigo, E. Stella, M.D., Pipestone.  
1889. Pillsbury, Charles B., M.D., Duluth.  
1889. Pringle, George W., M.D., Hamline.  
1883. Renninger, John S., M.D., Marshall.  
1889. Ripley, Martha G., M.D., 48 S. Eighth St., Minneapolis.  
1881. Roberts, George F., M.D., 610 Nicolett Ave., Minneapolis.  
1889. Roberts, Lemuel Martin, M.D., Brainerd.  
1889. Russell, William, M.D., 3104 Hennepin Ave., Minneapolis.  
1889. Sawyer, John Emery, M.D., 9th and Robert Streets, St. Paul.  
1889. Spaulding, S. M., M.D., Minneapolis.  
1889. Steele, John A., M.D., Minneapolis.



EUROPEAN CONGRESS.

- 1887 L. M.D., Chatfield.  
1888 L.D., 928 First Avenue, Minneapolis.  
1889 L.D., St. Cloud.  
1890 L.D., Endicott Arcade, St. Paul.  
1891 L.D., Edward, M.D., 610 Nicollet Avenue, Min-  
1892 L.D., 266 E. Ninth Street, St. Paul.  
1893 L.D., Faribault.  
1894 L.D., 203 Eighth Street, St. Paul.  
1895 L.D., Minneapolis.  
1896 L.D., Austin.  
1897 L.D., Winona.  
1898 L.D., Fergus Falls.

*Missouri.*

- 1899 L.D., Kansas City.  
1900 L.D., 1729 Washington Avenue, St.  
1901 L.D., Kansas City.  
1902 L.D., 507 N. Fourteenth Street, St. Louis.  
1903 L.D., Kansas City.  
1904 L.D., 3021 Easton Ave., St. Louis.  
1905 L.D., 2816 Olive Street, St. Louis.  
1906 L.D., St. Louis.  
1907 L.D., St. Joseph.  
1908 L.D., 3107 Morgan Street, St. Louis.  
1909 L.D., 803 Francis Street, St. Joseph.  
1910 L.D., Kansas City.  
1911 L.D., Holden.  
1912 L.D., 3500 Laclede Avenue, St. Louis.  
1913 L.D., Samuel P., M.D., Hamilton Street and Maple  
1914 L.D., St. Louis.  
1915 L.D., St. Louis.  
1916 L.D., Anton E., M.D., Kansas City.  
1917 L.D., Scott B., M.D., 2246 Washington Ave., St. Louis.  
1918 L.D., William C., M.D., 3913 N. Eleventh Street, St.  
1919 L.D., 8 E. Ninth Street, Kansas City.  
1920 L.D., Oregon.  
1921 L.D., St. Joseph.

*Montana.*

1888. Thompson, Charles S. W., M.D., Helena.  
1889. Haviland, Willis H., M.D., Butte.

*Nebraska.*

1888. Bailey, Benjamin F., M.D., Lincoln.  
1883. Burroughs, Amelia, M.D., 1617 Dodge Street, Omaha.  
1888. Finney, Everett B., M.D., 1319 Q Street, Lincoln.  
1889. Hanchett, William Henry, M.D., Omaha.  
1886. Hoffman, Jacob Oliver, M.D., Orleans.  
1886. Holmes, Horace P., M.D., Omaha.  
1889. Macomber, Acastus L., M.D., Norfolk.  
1889. Righter, Frederick B., M.D., Lincoln.  
1889. Sabin, Margaret L., M.D., Lincoln.  
1860. WOOD, ORLANDO S., M.D., Omaha.

*New Hampshire.*

1890. Bothfeld, James Francis, M.D., Coucord.  
1886. Darling, William W., M.D., Newport.  
1891. Grant, William H., M.D., Ossipee.  
1867. Hinds, W. H. W., M.D., Milford.  
1886. Morrill, Ezekiel, M.D., Concord.  
1886. Rounsevel, C. Sedgwick, M.D., 211 Main Street, Nashua.  
1891. Smith, George R., M.D., Dover.

*New Jersey.*

1891. Applegate, G. T., M.D., New Brunswick.  
1891. Artz, Jerome L., M.D., Dudley.  
1887. Bailey, Alfred W., M.D., Atlantic City.  
1891. Banker, Pierre A., M.D., Elizabeth.  
1857. BECKWITH, SETH R., M.D., East Orange.  
1890. Best, George B., M.D., Englewood.  
1891. Blackwood, Thomas R., M.D., 917 S. Fifth Street, Camden.  
1844. BOARDMAN, JOSEPH C., M.D., Trenton.  
1860. BRADFORD, F. STANDISH, M.D., Morristown.  
1891. Branin, John W., M.D., Mount Holly.  
1891. Burling, J., M.D., Summit.  
1875. Butler, Clarence W., M.D., Montclair.

1891. Carr, Ada, M.D., Paterson.  
1871. Church, Charles A., M.D., Passaic.  
1891. Cooper, Isaac, M.D., Trenton.  
1885. Crosby, George W., 716 Atlantic Ave., Atlantic City.  
1869. Dennis, L., M.D., 30 Central Avenue, Newark.  
1887. Dowling, George B., M.D., Orange.  
1891. Fleming, John R., M.D., Atlantic City.  
1866. Garside, Wm. B., M.D., Atlantic City.  
1891. Gile, Francis A., M.D., East Orange.  
1876. Griffin, John F., M.D., Plainfield.  
1881. Griffith, Anna E., M.D., 501 N. Fourth Street, Camden.  
1891. Hall, Harrison B., M.D., Riverton.  
1884. Hoffman, Joseph R., M.D., Morristown.  
1883. Howard, Erving Melville, M.D., 401 Linden Street, Camden.  
1891. Hubbard, Charles H., M.D., Millville.  
1867. Hunt, Henry F., M.D., 511 Cooper Street, Camden.  
1891. Kenny, Arthur, M.D., Somerville.  
1869. Kinne, Theodore Y., M.D., Paterson.  
1890. Lefferts, Franklin P., M.D., Belvidere.  
1891. Lyon, Malvern S., M.D., Absecon.  
1881. McClellan, David, M.D., 86 Clinton Avenue, West Hoboken.  
1871. McGeorge, Wallace, M.D., Woodbury.  
1891. McKinstry, Frank P., M.D., Washington.  
1869. Middleton, M. F., M.D., Camden.  
1881. Moffat, Edgar V., M.D., 476 Main Street, Orange.  
1891. Munson, Milton L., M.D., Atlantic City.  
1891. Myers, Samuel I., M.D., Bayonne.  
1872. Ockford, George M., M.D., Ridgewood.  
1844. PAINE, HENRY D., M.D., Nutley.  
1891. Parker, T. Elwood, M.D., Woodbury.  
1891. Pounds, William H., M.D., Paulsboro.  
1891. Richards, George Herbert, M.D., Orange.  
1880. Rushmore, Edward, M.D., Plainfield.  
1871. Shivers, Bowman H., M.D., Haddonfield.  
1891. Shreve, Joseph, M.D., Burlington.  
1891. Sleght, B. H. B., M.D., 29 Chestnut Street, Newark.  
1891. Sooy, Walter C., M.D., Atlantic City.  
\*1871. Stiles, James E., M.D., Lambertville.

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\* Died December 23, 1891.

1871. Streets, Jacob G., M.D., Bridgeton.  
 \*1871. Tuller, Emory R., M.D., Vineland.  
 1881. Uebelacker, Armin E., M.D., Morristown.  
 1844. WARD, ISAAC M., M.D., Newark.  
 1891. Williams, Franklin E., M.D., Haddonfield.  
 1891. Woodward, George D., M.D., 211 Broadway, Camden.  
 1886. Youngman, M. D., M.D., Atlantic City.

*New York.*

1876. Adams, Reuben A., M.D., 31 N. Fitzhugh St., Rochester.  
 1891. Allen, Paul, M.D., 134 W. Forty-fourth Street, New York.  
 1866. ALLEN, TIMOTHY F., M.D., 10 E. Thirty-sixth Street,  
 New York.  
 1869. Arcularius, Philip E., M.D., 57 E. Twenty first St., New York.  
 1891. Arschagouni, John, M.D., Ward's Island, New York.  
 1874. Baethig, Henry, M.D., 350 Pennsylvania Street, Buffalo.  
 1857. BALDWIN, JARED G., M.D., 8 E. Forty-first St., New York.  
 1844. BALL, ALONZO S., M.D., 56 W. Fifty-third St., New York.  
 1890. Barnes, Francis G., M.D., Port Byron.  
 1881. Barnett, Amelia, M.D., 261 W. Twenty-third St., New York.  
 1880. Bassett, John S., M.D., 11 W. Thirty-first Street, New York.  
 1867. Baylies, B. L. B., M.D., 418 Putnam Avenue, Brooklyn.  
 1877. Beebe, Clarence E., M.D., 21 W. 37th St., New York.  
 1881. Bennett, James A., M.D., 4 Irving Place, New York.  
 1881. Bennett, N. K., M.D., 142 Wilson Street, Brooklyn.  
 1872. Berghaus, Alexander, M.D., 138 E. 65th Street, New York.  
 1874. Biegler, Joseph A., M.D., 58 S. Clinton Street, Rochester.  
 1887. Birdsall, Asahel, M.D., Brooklyn.  
 1881. Birdsall, Stephen T., M.D., Glens Falls.  
 1891. Bishop, William H., M.D., 41 E. Twelfth Street, New York.  
 1853. BISSELL, ARTHUR F., M.D., 157 Maiden Lane, New York.  
 1869. Bloss, J. P., M.D., Troy.  
 1874. Bond, Mary E., M.D., 122 Lexington Ave., New York.  
 1891. Boocock, Robert, M.D., Flatbush, L. I.  
 1874. Boynton, Frank H., M.D., 34 W. 32d Street, New York.  
 1883. Bradner, Ira S., M.D., Middletown.  
 1890. Brayton, Samuel N., M.D., 202 Delaware Ave., Buffalo.

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\* Died August 4, 1891.

1867. Brown, Edward V., M.D., Tarrytown.  
 1891. Brown, M. Belle, M.D., 135 W. 34th Street, New York.  
 1867. Bryant, Melville, M.D., 54 Green Avenue, Brooklyn.  
 1891. Burnham, Clark, M.D., 132 Clinton Street, Brooklyn.  
 1873. Butler, W. M., M.D., 507 Clinton Avenue, Brooklyn.  
 1858. CAMPBELL, MELANCTHON W., M.D., Troy.  
 1886. Candee, J. Willis, M.D., 402 Warren Street, Syracuse.  
 1890. Capron, C. Gray, M.D., Utica.  
 1891. Chapin, Edward, M.D., 21 Schermerhorn Street, Brooklyn.  
 1890. Chase, Charles Elias, M.D., Utica.  
 1886. Clark, Byron G., M.D., 134 W. 126th Street, New York.  
 1887. Clark, Lyman A., M.D., Cambridge.  
 1869. Coburn, Edward S., M.D., 91 Fourth Street, Troy.  
 1883. Cole, Directus De Forest, M.D., Morrisville.  
 1881. Cook, Joseph T., M.D., 138 Delaware Ave., Buffalo.  
 1874. Coon, Henry C., M.D., Alfred Centre.  
 1873. Cossart, A. B., M.D., 1421 Lexington Ave., New York.  
 1877. Couch, Asa A., M.D., Fredonia.  
 1876. Couch, Louis B., M.D., Nyack.  
 1883. Cowl, Walter Y., M.D., 310 W. Forty-fifth St., New York.  
 1854. COX, JAMES W., M.D., 109 State Street, Albany.  
 1887. Dake, Addie B., M.D., 149 Main St., Geneva.  
 1879. Danforth, L. L., M.D., 149 W. Forty-fourth St., New York.  
 1878. Davis, John E. L., M.D., 34 E. Thirty-ninth St., New York.  
 1887. Deady, Charles, M.D., 11 E. Twenty-ninth St., New York.  
 1891. Dearborn, Henry M., M.D., 152 W. 57th St., New York.  
 1881. Demarest, John H., M.D., 1969 Madison Avenue, New York.  
 1875. Deschere, Martin, M.D., 334 W. 58th Street, New York.  
 1883. Dillow, George Morris, M.D., 102 W. 43d St., New York.  
 1872. Doughty, Francis E., M.D., 512 Madison Ave., New York.  
 \*1867. Dowling, John W., M.D., 6 E. Forty-third St., New York.  
 1887. Dowling, John W., Jr., M.D., 152 W. 49th St., New York.  
 1877. Eaton, J. Albro, M.D., 94 Taylor Street, Brooklyn.  
 1889. Elliott, Joseph B., M.D., 493 Clinton Ave., Brooklyn.  
 1867. Ermentraut, John P., M.D., 261 E. Fourth Street, New York.  
 1874. Evans, Albert J., M.D., Lockport.  
 1877. Faust, Louis, M.D., Schenectady.  
 1888. Finch, Edward W., M.D., New Rochelle.

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\* Died January 15, 1892.

1855. Fincke; Bernhardt, M.D., 122 Livingston Street, Brooklyn.  
1867. Fiske, William M. L., M.D., 484 Bedford Ave., Brooklyn.  
1858. FULGRAFF, OTTO, M.D., 6 Lexington Avenue, New York.  
1879. Gilford, W. B., M.D., Attica.  
1869. Gifford, Gilbert L., M.D., Hamilton.  
1891. Givens, Amos Jay, M.D., Owego.  
1883. Gorham, George E., M.D., 160 Hamilton Street, Albany.  
1886. Grady, Mary E., M.D., 436 Monroe Street, Brooklyn.  
1871. Greenleaf, John T., M.D., Owego.  
1848. GUERNSEY, EGBERT, M.D., 528 Fifth Ave., New York.  
1874. Guernsey, W. N., M.D., 27 W. Fifty-second St., New York.  
1889. Hallock, J. Henry, M.D., 414 S. Salina Street, Syracuse.  
1846. HALLOCK, LEWIS, M.D., 34 E. Thirty-ninth St., New York.  
1875. Hasbrouck, Everett, M.D., 369 Ninth Street, Brooklyn.  
1853. HELMUTH, WM. TOD, M.D., 180 W. 59th St., New York.  
1887. Helmuth, Wm. Tod, Jr., M.D., 41 E. 12th St., New York.  
1888. Hodge, John W., M.D., Niagara Falls.  
\*1879. Holden, A. W., M.D., 17 Elm Street, Glens Falls.  
1887. Holmes, Henry P., M.D., Lansingburg.  
1888. Hough, Walter D., Niagara Falls.  
1867. Houghton, Henry C., M.D., 7 W. 39th Street, New York.  
1881. Howe, J. Morgan, M.D., 58 W. 47th Street, New York.  
1874. Hunt, Dwight B., M.D., 44 W. 29th Street, New York.  
1888. Hurd, S. Wright, M.D., Lockport.  
1872. Hutchins, H. S., M.D., Batavia.  
1867. Jayne, De Witt C., M.D., Florida.  
1874. Jones, Charles E., M.D., Albany.  
1846. JONES, E. DARWIN, M.D., Albany.  
1867. Jones, Henry C., M.D., Mount Vernon.  
1888. Keegan, W. A., M.D., 44 S. Clinton Street, Rochester.  
1889. Keeler, E. Elmer, M.D., 414 S. Salina Street, Syracuse.  
1888. Keeney, J. Harvey, M.D., Oswego.  
1874. Keep, Caroline J. Yeomans, M.D., 267 W. 39th St., New York.  
1867. Keep, J. Lester, M.D., 460 Clinton Ave., Brooklyn.  
1858. KELLOGG, EDWIN M., M.D., 115 E. 37th Street, New York.  
1891. King, Wm. Harvey, M.D., 23 W. 53d Street, New York.  
1887. Kinne, Arthur B., M.D., Syracuse.  
1887. Kinne, E. Olin, M.D., Syracuse.

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\* Died July, 1891.

1887. Laird, F. F., M.D., Utica.  
 1874. Laird, William T., M.D., Watertown.  
 1889. Leal, Malcolm, M.D., 158 W. 48th Street, New York.  
 1888. Lee, John Mallory, M.D., 89 Plymouth Ave., Rochester.  
 1888. Lee, Sarah Idella, M.D., 89 Plymouth Ave., Rochester.  
 1886. Le Seur, John Wesley, M.D., Batavia.  
 1877. Lewis, F. Park, M.D., 188 Franklin Street, Buffalo.  
 1871. Lewis, Henry M., M.D., 171 Remsen Street, Brooklyn.  
 1891. MacMaster, Marian A., M.D., 230 Genesee Street, Utica.  
 1874. McDonald, Wm. O., M.D., 117 W. 44th Street, New York.  
 1886. McDowell, Charles, M.D., 116 W. Thirteenth St., New York.  
 1891. McDowell, George W., M.D., 151 W. 130th St., New York.  
 1891. McMichael, Arkell R., M.D., 969 Madison Ave., New York.  
 1866. McMURRAY, ROBERT, M.D., 234 Second Ave., New York.  
 \*1844. McVICKAR, JOHN A., M.D., 100 E. 17th Street, New York.  
 1848. MARCY, ERASTUS E., M.D., 353 Fifth Ave., New York.  
 1891. Martin, George F., M.D., Skaneateles.  
 1891. Martin, Lynn A., M.D., 91 Collin Street, Binghamton.  
 1887. Maycock, Burt J., M.D., Buffalo.  
 1887. Milbank, William E., M.D., 111 State Street, Albany.  
 1883. Miller, John, M.D., 48 St. John's Place, Buffalo.  
 1858. MINTON, HENRY M., M.D., 165 Joralemon Street, Brooklyn.  
 1888. Minton, Henry Brewster, M.D., 165 Joralemon Street,  
 Brooklyn.  
 1866. MITCHELL, JOHN JAY, M.D., Newburgh.  
 1881. Moffatt, John L., M.D., 17 Schermerhorn Street, Brooklyn.  
 1867. Moffatt, Reuben C., M.D., 17 Schermerhorn Street, Brooklyn.  
 1876. Monmonier, Julius L., M.D., 128 Green Avenue, Brooklyn.  
 1869. Mosman, Nathan A., M.D., 350 Madison Ave., New York.  
 1881. Musits, Henry von, M.D., 1266 Lexington Avenue, New  
 York.  
 1886. Nichols, George, M.D., 306 Monroe Street, Brooklyn.  
 1886. Nickelson, W. H., M.D., A. D. Ripley Block, Adams.  
 1889. Norton, Arthur B., M.D., 152 W. 34th Street, New York.  
 1881. Nott, Frederick J., M.D., 522 Madison Ave., New York.  
 1890. Noxon, Mary Woolsey, M.D., New York.  
 1889. O'Connor, Joseph T., M.D., 51 W. 47th Street, New York.  
 1883. Ormes, Francis D., M.D., Jamestown.

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\* Died January 29, 1892.

1876. Ostrom, Homer I., M.D., 42 W. 48th Street, New York.  
1850. PAINE, HORACE M., M.D., 105 State Street, Albany.  
1848. PALMER, MILES W., M.D., 235 E. 18th Street, New York.  
1881. Pardee, Ensign B., M.D., 218 W. 34th Street, New York.  
1873. Patchen, George H., M.D., 71 E. 59th Street, New York.  
1867. Pearsall, S. J., M.D., Saratoga Springs.  
1890. Phillips, R. Oliver, M.D., Yonkers.  
1891. Pierce, Willard I., M.D., 64 W. 126th Street, New York.  
1887. Pope, Willis G., M.D., Keeseville.  
1887. Porter, Eugene H., M.D., 161 W. 71st Street, New York.  
1859. PRATT, LESTER M., M.D., 104 State Street, Albany.  
1887. Putnam, William B., M.D., Hoosick Falls.  
1881. Rankin, Egbert G., M.D., 528 Fifth Avenue, New York.  
1891. Reynolds, Warren U., M.D., 219 E. 17th Street, New York.  
1887. Richards, Llewellyn B., M.D., Oswego.  
1890. Richardson, Andrew J., M.D., New York.  
1872. Richardson, B. M., M.D., 200 W. 57th Street, New York.  
1891. Richardson, George W., M.D., 138 E. 79th St., New York.  
1891. Robinson, Franklin E., M.D., 167 West End Ave., New York.  
1866. ROBINSON S. A., M.D., West New Brighton.  
1875. Schley, James Montfort, M.D., 1 E. 42d Street, New York.  
1883. Schley, Philip T., M.D., 522 E. 86th Street, New York.  
1891. Schuman, Carl, M.D., Delhi.  
1886. Scott, William H., M.D., 104 W. 44th Street, New York.  
1891. Shepard, Jessie, M.D., 138 Delaware Avenue, Buffalo.  
1870. Sheldon, J. W., M.D., 76 Warren Street, Syracuse.  
1886. Shelton, George G., M.D., 251 Madison Avenue, New York.  
1891. Sherman, Marcena E., M.D., Rochester.  
1881. Simmons, Daniel, M.D., 97 Lee Avenue, Brooklyn.  
1853. SKILES, FRANCIS W., M.D., 160 Remsen Street, Brooklyn.  
1889. Skinner, Scott W., M.D., Le Roy.  
1883. Slaughter, James E., M.D., Warsaw.  
1860. SMITH, HENRY M., M.D., Spuyten Duyvil, New York.  
1886. Smith, Sarah N., M.D., 135 W. Thirty-fourth St., New York.



1869. Smith, St. Clair, M.D., 8 W. Thirty-eighth St., New York.  
 1860. SMITH, T. FRANKLIN, M.D., 264 Lenox Avenue, New York.  
 1887. Snyder, Edward E., M.D., Binghamton.  
 1871. Southwick, Augustus B., M.D., 155 W. Dominick St., Rome.  
 1887. Spoor, David E., M.D., 170 Lafayette Street, Schenectady.  
 1886. Stearns, Melvin J., M.D., Massena.  
 1888. Strunk, Edward P., M.D., Brewster.  
 \*1891. Stull, Ophelia S., M.D., Rochester.  
 1883. Stumpf, Daniel B., M.D., 631 Ellicott Street, Buffalo.  
 1881. Sumner, Charles R., M.D., Rochester.  
 1887. Swett, Emily F., M.D., Medina.  
 1874. Talcott, Selden H., M.D., Middletown.  
 1872. Talmage, John F., M.D., 155 Joralemon Street, Brooklyn.  
 1875. Terry, Marshall O., M.D., 196 Genesee Street, Utica.  
 1867. Thompson, John H., M.D., 36 E. Thirtieth St., New York.  
 1867. Thompson, Virgil, M.D., 137 W. Thirteenth St., New York.  
 1890. Tousley, Robert F., M.D., Rome.  
 1891. Townsend, Irving, M.D., 229 W. 38th Street, New York.  
 1888. Trotter, Richard R., M.D., Yonkers.  
 1891. Tuttle, Edward G., M.D., 66 W. 46th Street, New York.  
 1881. Tytler, George E., M.D., 113 W. 126th Street, New York.  
 1887. Van Denburg, M. W., M.D., Fort Edward.  
 1891. Ver Nooy, Charles, M.D., 63d and E. Boulevard, New York.  
 1874. Wait, Phœbe J. B., M.D., Blind Asylum, Ninth Avenue, cor.  
     Thirty-fourth Street, New York.  
 1886. Walker, Catherine, M.D., 180 Richmond Avenue, Buffalo.  
 1891. Walrad, Caleb B., M.D., Johnstown.  
 1854. WATSON, WILLIAM H., M.D., 270 Genesee Street, Utica.  
 1848. WELLS, LUCIEN B., M.D., 13 Summit Place, Utica.  
 †1844. WELLS, PHINEAS P., M.D., 158 Clinton Street, Brooklyn.  
 1858. WEST, EDWIN, M.D., 111 W. Washington Place, New York.  
 1866. WETMORE, JOHN McE., M.D., 41 E. 29th St., New York.  
 1867. White, J. Ralsey, M.D., 1944 Madison Avenue, New York.  
 1860. WHITE, THEODORE C., M.D., 21 S. Clinton Street, Rochester.  
 1883. Wilcox, De Witt G., M.D., 568 Delaware Avenue, Buffalo.  
 1886. Wilcox, Sidney F., M.D., cor. Fifty-seventh Street and  
     Broadway, New York.

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\* Died — — 1891.

† Died November 22, 1891.

- 1855. WILDER, LOUIS DE V., M.D., 270 Genesee Street, Utica.
- 1885. Winterburn, George W., M.D., 328 W. 21st St., New York.
- 1886. Wolcott, Edwin H., M.D., 96 East Avenue, Rochester.
- 1869. Woodward, A. M., M.D., 155 W. Twelfth Street, New York.
- 1869. Wright, A. R., M.D., 166 Franklin Street, Buffalo.
- 1890. Wright, Preston W., M.D., New York.

*North Dakota.*

- 1891. De Puy, Robert G., M.D., Jamestown.
- 1889. Franklin, William A., M.D., Wahpeton.
- 1889. Rutledge, Samuel W., M.D., Grand Forks.
- 1889. Vidal, James W., M.D., Valley City.

*Ohio.*

- 1868. Baxter, Harris H., M.D., 791 Prospect Street, Cleveland.
- 1865. BECKWITH, D. H., M.D., 528 Prospect Street, Cleveland.
- 1865. BRADFORD, T. C., M.D., 315 Race Street, Cincinnati.
- 1876. Beebe, Henry E., M.D., Sidney.
- 1891. Biggar, George G., M.D., Geneva.
- 1868. Biggar, H. F., M.D., Cleveland.
- 1891. Bittinger, Frank D., M.D., 23 W. Fourth Street, Dayton.
- 1882. Bradley, Benjamin A., M.D., 226 Main Ave., Avondale, Cincinnati.
- 1890. Brickley, Laura C., M.D., Cincinnati.
- 1891. Buck, Edgar C., M.D., 124 W. Seventh Street, Cincinnati.
- 1869. Buck, J. D., M.D., 124 W. Seventh Street, Cincinnati.
- 1891. Canfield, Martha A., M.D., 24 Streater Street, Cleveland.
- 1891. Carter, John T., M.D., 106 Euclid Ave., Cleveland.
- 1890. Chapman, Edward E. K., M.D., Defiance.
- 1882. Church, T. T., M.D., 70 E. Main Street, Salem.
- 1888. Clark, Frank M., M.D., Salem.
- 1887. Claypool, Albert, M.D., Toledo.
- 1874. Crank, C. D., M.D., 106 Auburn Avenue, Cincinnati.
- 1883. Crawford, John M., M.D., 136 W. Eighth Street Cincinnati.
- 1891. Croft, Willard B., M.D., Madison.
- 1846. EHRMAN, FREDERICK G., M.D., 46 W. Seventh Street, Cincinnati.

1882. Fahnestock, Joseph C., M.D., Piqua.  
1870. Flowers, J. R., M.D., 38 E. Town St., Columbus.  
1887. Freeman, Elisha R., M.D., Wapakoneta.  
1890. Gann, John A., M.D., Wooster.  
1881. Geiser, S. R., M.D., 303 Baymiller Street, Cincinnati.  
1891. Geohegan, William A., M.D., Cincinnati.  
1890. Gillard, Edwin, M.D., Sandusky.  
1870. Gordon, George A., M.D., Sandusky.  
1873. Hall, E. M., M.D., Delaware.  
1888. Hart, Frank O., M.D., Unity.  
1879. Hartshorn, D. W., M.D., 102 Garfield Place, Cincinnati.  
1888. Heberton, William W., M.D., 36 S. Ludlow Street, Dayton.  
1879. Henderson, Sarah A., M.D., Sandusky.  
1887. Hershberger, Joseph P., M.D., Lancaster.  
1891. Hier, William G., M.D., Madisonville.  
1875. House, Robert B., M.D., Springfield.  
1888. Howell, Conrade A., M.D., Westerville.  
1883. Hoyt, Charles, M.D., Chillicothe.  
1886. Hunt, M. P., M.D., Delaware.  
1887. Jewitt, Edward H., M.D., Cleveland.  
1870. Johnson, R. B., M.D., Ravenna.  
1873. Jones, Gaius J., M.D., 5 Rockwell St., Cleveland.  
1891. Jump, Julia C., M.D., Oberlin.  
1886. Kraft, Frank, M.D., 745 N. Logan Ave., Cleveland.  
1870. Lungren, Samuel S., M.D., Toledo.  
1891. Martin, Thomas C., M.D., Cleveland.  
1882. McConnell, Robert N., M.D., Upper Sandusky.  
1872. McDermott, George C., M.D., 118 W. Seventh Street, Cincinnati.  
1891. Means, J. W., M.D., Troy.  
1875. Moore, George W., M.D., Springfield.  
1890. Morley, F. W., M.D., Huron.  
1878. Morrill, Edwin C., M.D., Norwalk.  
1865. OWENS, WILLIAM, M.D., corner Seventh and John Streets, Cincinnati.  
1879. Parsons, Katherine, M.D., 190 Prospect Street, Cleveland.  
1891. Pauly, C. A., M.D., Cincinnati.  
1885. Pomeroy, Harlan, M.D., 526 Prospect Street, Cleveland.  
1891. Quay, George H., M.D., Euclid Avenue, East Cleveland.

1883. Reddish, A. W., M.D., Sidney.  
1885. Reed, Joseph M., M.D., Middletown.  
1882. Rosenberger, Abraham S., M.D., Covington.  
1865. RUSH, R. B., M.D., 70 E. Main Street, Salem.  
1890. Rust, Edwin G., M.D., Wellington.  
1860. SANDERS, JOHN C., M.D., 308 Prospect Street, Cleveland.  
1868. Schneider, N., M.D., 791 Prospect Street, Cleveland.  
1890. Shappee, W. A., M.D., Xenia.  
1882. Sherwood, H. A., M.D., Warren.  
1879. Smith, J. Edwards, M.D., 151 Windsor Avenue, Cleveland.  
1888. Stewart, Thomas M., M.D., Seventh and Mound Streets,  
Cincinnati.  
1879. Stone, Martha M., M.D., 104 Prospect Street, Cleveland.  
1882. Stover, William H., M.D., Tiffin.  
1887. Sturtevant, L. P., M.D., Conneaut.  
1870. Van Norman, H. B., M.D., 289 Pearl Street, Cleveland.  
1872. Walter, Ziba D., M.D., Marietta.  
1874. Walton, Charles E., M.D., 270 W. Seventh St., Cincinnati.  
1865. WEBSTER, W., M.D., 127 S. Ludlow Street, Dayton.  
1876. Wilson, Joseph H., M.D., 125 Taylor Street, Bellefontaine.  
1870. Worthington, A. F., M.D., 170 W. Fourth St., Cincinnati.

*Oregon.*

1888. Baldwin, Orpha D., M.D., 216 J Street, Portland.  
1891. Drake, Harlan B., M.D., 284 B Street, Portland.  
1886. Jefferds, Henry Clarke, M.D., Portland.  
1891. Macrum, Charles A., M.D., Marquam Block, Portland.  
1891. McMicken, Joseph J., M.D., 14th and G Streets, Portland.  
1889. Miller, Byron E., M.D., 1st and Main Sts., Portland.  
1876. Nichols, Ammi S., M.D., Portland.  
1891. Royal, Osman, M.D., 163 Ninth Street, Portland.

*Pennsylvania.*

1871. Allen, Richard C., M.D., 4519 Frankford Ave., Philadelphia.  
1888. Barden, John M., M.D., Mansfield.  
1886. Bartlett, Clarence, M.D., 1506 Arch Street, Philadelphia.  
1891. Bayley, Weston D., M.D., 1640 S. Broad St., Philadelphia.  
1846. BERENS, JOSEPH, M.D., cor. Broad and Green Streets,  
Philadelphia.



1870. Betts, B. Frank, M.D., 1609 Girard Avenue, Philadelphia.  
1887. Bier, Peter A., M.D., 4200 Butler Street, Pittsburgh.  
1876. Bigler, William H., M.D., 118 N. 12th Street, Philadelphia.  
1871. Bingaman, C. F., M.D., 922 Penn Avenue, Pittsburgh.  
1865. BOERICKE, FRANCIS E., M.D., 921 Arch Street, Philadelphia.  
1871. Bowie, Alonzo P., M.D., Uniontown.  
1869. Bowman, Benjamin, M.D., Chambersburg.  
1891. Boyd, J. S., M.D., New Brighton.  
1870. Boyer, Francis W., M.D., Pottsville.  
1869. Bradford, Thomas L., M.D., 1862 Frankford Avenue, Philadelphia.  
1891. Branson, Mary, M.D., 1719 Arch Street, Philadelphia.  
1883. Briggs, Elmer E., M.D., Washington Avenue, 31st ward, Pittsburgh.  
1891. Brown, Christian H., M.D., 1820 Diamond St., Philadelphia.  
1872. Brown, Samuel, M.D., 651 N. Tenth Street, Philadelphia.  
1891. Brownell, Clarence M., M.D., Stroudsburg.  
1887. Bullard, J. Arthur, M.D., Wilkesbarre.  
1854. BURGHER, JOHN C., M.D., 960 Penn Avenue, Pittsburgh.  
1891. Carmichael, Thomas H., M.D., 4830 Germantown Avenue, Philadelphia.  
1875. Chapman, Millie J., M.D., 916 Penn Avenue, Pittsburgh.  
1888. Closson, James H., M.D., 70 W. Cheltenham Avenue, Germantown, Philadelphia.  
1891. Coolidge, John W., M.D., Scranton.  
1866. Cooper, J. F., M.D., 105 Arch Street, Allegheny City.  
1874. Corbin, John L., M.D., Athens.  
1891. Cornelius, Robert W. B., M.D., 2516 N. Sixth Street, Philadelphia.  
1878. Cranch, Edward, M.D., Erie.  
1891. Crowther, Isaac, M.D., Chester.  
1891. Cullen, James F., M.D., Philadelphia.  
1866. DAKE, B. F., M.D., 815 Penn Avenue, Pittsburgh.  
1883. Davis, E. Everett, M.D., 4321 Aspen Street, Philadelphia.  
1881. Dean, Edward W., M.D., Braddock.  
1858. DETWILLER, JOHN J., M.D., Easton.  
1878. Dinsmore, Samuel W. S., M.D., Sharpsburg.  
1869. Dudley, Pemberton, M.D., S. W. cor. Fifteenth and Master Streets, Philadelphia.

1884. Du Four, William M., M.D., Williamsport.  
\*1866. EARHART, J. R., M.D., 1904 Arch Street, Philadelphia.  
1871. Edmundson, Walter F., M.D., 375 Fifth Avenue, Pittsburgh.  
1891. Everhart, Oliver T., M.D., Hanover.  
1871. Fager, Charles B., M.D., 120 Walnut Street, Harrisburg.  
1891. Ferson, John L., M.D., 139 Wylie Street, Pittsburgh.  
1891. Fickel, James G., M.D., Carlisle.  
1884. Fleming, Richard K., M.D., 6224 Station Street, Pittsburgh.  
1874. Fulton, Henry W., M.D., 5949 Penn Avenue, Pittsburgh.  
1891. Gilbert, Irwin B., M.D., 2027 Columbia Ave., Philadelphia.  
1891. Godshall, Samuel G., M.D., Edge Hill.  
1891. Goff, Ella D., M.D., Allegheny.  
1887. Goodno, William C., M.D., 1733 Chestnut St., Philadelphia.  
1869. Gramm, Gustavus E., M.D., Ardmore.  
1891. Griffith, Lewis B., M.D., 2526 Ridge Avenue, Philadelphia.  
1891. Griffith, Silas, M.D., 1431 Girard Avenue, Philadelphia.  
1891. Griffith, William M., M.D., 2035 Ridge Avenue, Philadelphia.  
1884. Grove, David Brainard, M.D., Hanover.  
1875. Guernsey, Joseph C., M.D., 1923 Chestnut St., Philadelphia.  
1867. Gumpert, B. B., M.D., 840 Franklin Street, Philadelphia.  
1891. Harpel, E. Newton, M.D., 1638 N. Eighth St., Philadelphia.  
1891. Harrington, Edwin S., M.D., 1444 S. Broad St., Philadelphia.  
1881. Hassler, William A., M.D., Allentown.  
1887. Heilner, Herbert Franklin, M.D., 119 S. Main St., Scranton.  
1874. Herron, Charles D., M.D., 3505 Butler Street, Pittsburgh.  
1880. Hofmann, Charles H., M.D., 808 Penn Avenue, Pittsburgh.  
1888. Holcombe, J. Randolph, M.D., 1327 Girard Avenue, Philadelphia.  
1883. Horner, J. Richey, M.D., 107 Arch Street, Allegheny.  
1887. Ivins, Horace F., M.D., 1319 Arch Street, Philadelphia.  
1859. JAMES, BUSHROD W., M.D., cor. Green and Eighteenth Sts., Philadelphia.  
1866. JAMES, JOHN E., M.D., 1521 Arch Street, Philadelphia.  
1860. JOHNSON, ISAAC D., M.D., Kennett Square.  
1876. Johnson, Mario N., M.D., 342 S. Eighteenth Street, Philadelphia.

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\* Died, June 23, 1891.

1886. Johnson, Theodore M., M.D., 200 Susquehanna Ave., Pittston.  
1858. JONES, JOSEPH E., M.D., West Chester.  
1884. Karsner, Daniel, M.D., 4830 Main Street, Germantown, Philadelphia.  
1883. Keator, Bruce S., M.D., 1724 Chestnut St., Philadelphia.  
1881. Keim, William H., M.D., 2015 Ridge Avenue, Philadelphia.  
1891. Kistler, Abraham L., M.D., 115 N. Ninth St., Allentown.  
1844. KITCHEN, JAMES, M.D., 715 Spruce Street, Philadelphia.  
1871. Knerr, Calvin B., M.D., 1137 Spruce Street, Philadelphia.  
1875. Korndorfer, Augustus, M.D., 1728 Green St., Philadelphia.  
1891. Layman, Alfred, M.D., 1630 N. Eighteenth St., Philadelphia.  
1891. Lentz, Levi R., M.D., Fleetwood.  
1875. Lewis, Joseph C., M.D., Frankford, Philadelphia.  
1891. Lukens, Benjamin F., M.D., 23 W. Cheltenham Avenue, Philadelphia.  
1879. McClelland, John B., M.D., 411 Penn Avenue, Pittsburgh.  
1867. McClelland, J. H., M.D., cor. Fifth and Wilkins Avenue, Pittsburgh.  
1884. McClelland, Robert Watson, M.D., cor. Fifth and Wilkins Avenue, Pittsburgh.  
1881. McClure, Eliza Lang, M.D., 1919 Wallace St., Philadelphia.  
1891. Macfarlan, Duncan, M.D., 3924 Chestnut St., Philadelphia.  
1868. Macfarlan, Malcolm, M.D., 1805 Chestnut St., Philadelphia.  
1891. Maddux, Daniel P., M.D., 700 Madison Street, Chester.  
1891. Malin, William H., M.D., Chestnut Hill, Philadelphia.  
1881. Mansfield, Job R., M.D., 4852 Main Street, Germantown, Philadelphia.  
1891. Marks, William F., M.D., Reading.  
1890. Marshall, Robert S., M.D., Pittsburgh.  
1871. Martin, Constantine H., M.D., Allentown.  
1878. Martin, W. J., M.D., 1712 Carson St., S. S., Pittsburgh.  
1891. Mercer, Edward W., M.D., 157 N. Fifteenth Street, Philadelphia.  
1871. Mercer, Robert P., M.D., Chester.  
1871. Middleton, Caleb S., M.D., 1523 Girard Avenue, Philadelphia.  
1891. Middleton, Willis H., M.D., 1704 Girard Ave., Philadelphia.  
1888. Miller, Zachary T., M.D., 2013 Carson Street, Pittsburgh.  
1875. Mitchell, John N., M.D., 1222 Walnut Street, Philadelphia.  
1876. Mohr, Charles, M.D., 555 N. Sixteenth Street, Philadelphia.

1891. Montgomery, Richard W., M.D., 435 Spruce St., Scranton.  
 1867. Morgan, John C., M.D., 108 S. Seventeenth St., Philadelphia.  
 1844. NEIDHARD, CHARLES, M.D., 1511 Arch St., Philadelphia.  
 1891. Northrop, Herbert L., M.D., Philadelphia.  
 1887. Norton, Claude R., M.D., 700 N. Fortieth St., Philadelphia.  
 1891. Nowell, John F., M.D., Greencastle.  
 \*1891. Oatley, Eugene L., M.D., 4003 Chestnut St., Philadelphia.  
 1891. Osman, Joseph R., M.D., Bristol.  
 1883. Parsons, Anson, M.D., Springboro.  
 1888. Parsons, Edgar C., M.D., Meadville.  
 1884. Perkins, Charles W., M.D., Chester.  
 1872. Pettengill, Eliza F., M.D., 300 N. Tenth St., Philadelphia.  
 1880. Pitcairn, Hugh, M.D., Harrisburg.  
 1888. Powell, William C., M.D., Bryn Mawr.  
 1891. Pratt, Trimble, M.D., Media.  
 1883. Quinby, Edgar C., M.D., Titusville.  
 1865. RANKIN, JOHN S., M.D., 308 Grant St., Pittsburgh.  
 1869. Raue, Charles G., M.D., 121 N. Tenth Street, Philadelphia.  
 1881. Reading, J. Herbert, M.D., 1811 Green Street, Philadelphia.  
 1887. Reading, L. Willard, M.D., 528 N. 18th St., Philadelphia.  
 1888. Reading, Thomas, M.D., Hatboro.  
 1888. Reeves, Joseph M., M.D., 1609 Mount Vernon Street,  
 Philadelphia.  
 1883. Ridge, Jonathan T., M.D., 1219 N. Sixth St, Philadelphia.  
 1891. Roberts, Charles M., M.D., Scranton.  
 1884. Robson, John W., M.D., North Highland Ave., Pittsburgh.  
 1890. Rumsey, Charles L., M.D., 1937 Park Avenue, Phila-  
 delphia.  
 1871. Sartain, Harriet J., M.D., 212 W. Logan Square, Philadelphia.  
 1891. Schantz, Henry F., M.D., Altoona.  
 1873. Schmucker, Elhanan, M.D., Reading.  
 1891. Scholl, E. R., M.D., 517 Walnut Street, Reading.  
 1881. Schreiner, Emma T., M.D., 123 West Cheltenham Avenue,  
 Philadelphia.  
 1891. Schwenck, Clayton S., M.D., 1319 Jefferson St., Philadelphia.  
 1891. Seibert, William A., M.D., Easton.  
 1869. Seip, C. P., M.D., 636 Penn Avenue, Pittsburgh.



- 1888. Simmons, Silas S., M.D., Susquehanna.
- 1881. Simon, Samuel H., M.D., Harrisburg.
- 1876. Slough, Frank J., M.D., Allentown.
- 1888. Slough, William C. J., M.D., Emaus.
- 1888. Smith, Ernest B., M.D., Union City.
- 1891. Snader, Edward R., M.D., 140 N. 20th St., Philadelphia.
- 1891. Snyder, Leon A., M.D., Ashland.
- 1891. Spencer, William, M.D., 1523 Girard Avenue, Philadelphia.
- 1890. Starr, Pearl, M.D., Bellevue.
- 1891. Starr, Samuel, M.D., Chester.
- 1887. Swalm, Thomas W., M.D., Pottsville.
- 1879. Swartz, J. Ross, M.D., Harrisburg.
- 1869. Thomas, Amos R., M.D., 113 S. Sixteenth St., Philadelphia.
- 1875. Thomas, Charles R., M.D., 1623 Arch Street, Philadelphia.
- 1887. Thompson, James Henry, M.D., 960 Penn Ave., Pittsburgh.
- 1887. Thompson, Landreth W., M.D., S. E. cor. Eighteenth and Mount Vernon Streets, Philadelphia.
- 1891. Tomlinson, William H., M.D., 5210 Germantown Avenue, Philadelphia.
- 1886. Towner, Harry L., M.D., Athens.
- 1866. TOWNSEND, E. W., M.D., Greensburg.
- 1881. Van Artsdalen, Christopher, M.D., Ashbourne.
- 1889. Van Baun, William W., M.D., 419 Pine St., Philadelphia.
- 1891. Van Deusen, Edwin H., M.D., 2004 Tioga St., Philadelphia.
- 1886. Van Lennep, William B., M.D., 1421 Spruce Street, Philadelphia.
- 1891. Vischer, Carl V., M.D., 1419 Poplar Street, Philadelphia.
- 1891. Waggoner, G. W., M.D., Corry.
- 1869. Walker, Mahlon M., M.D., 14 W. Walnut Lane, Germantown, Philadelphia.
- 1891. Ward, John McE., M.D., 2024 E. Dauphin St., Philadelphia.
- 1891. Ware, Horace B., M.D., Scranton.
- 1882. Weaver, Chandler, M.D., Fox Chase P. O., Philadelphia.
- 1887. White, Roland T., M.D., 191 Beaver Avenue, Philadelphia.
- 1891. Wilbur, Bertrand K., M.D., 1421 Spruce St., Philadelphia.
- 1867. Willard, L. H., M.D., Allegheny and Western Avenues, Allegheny.
- 1872. Williamson, Matthew S., M.D., 1311 Arch St., Philadelphia.
- 1887. Wilson, C. A., M.D., 111 Western Avenue, Allegheny.

1878. Winslow, W. H., M.D., 956 Penn Avenue, Pittsburgh.  
1873. Woods, Mary A. B., M.D., Erie.  
1891. Yocum, Charles A., M.D., Pottstown.  
1881. Yoder, Daniel, M.D., Catasaqua.

*Rhode Island.*

1890. Amesbury, Walter R., M.D., 33 Camp Street, Providence.  
1891. Barnard, Charles A., M.D., Centerdale.  
1876. Brown, Asa W., M.D., Providence.  
1868. Budlong, John C., M.D., Providence.  
1890. Gooding, Gertrude, M.D., Bristol.  
1885. Gottschalck, William von, M.D., Central Falls.  
1881. Green, Charles L., M.D., 77 Matthewson Street, Providence.  
1874. Hall, Robert, M.D., Providence.  
1887. Hasbrouck, Sayer, M.D., Providence.  
1889. Hayes, Charles, M.D., Providence.  
1881. Mathews, Mary D. Moss, M.D., 123 Broadway, Providence.  
1879. Peek, George B., M.D., Providence.  
1854. POMEROY, THOMAS F., M.D., 758 High Street, Providence.  
1885. Reed, Robert G., M.D., Woonsocket.  
1867. Sawin, Isaac W., M.D., 280 Broadway, Providence.  
1887. Stone, Waldo H., M.D., 133 Orms Street, Providence.  
1891. Suffa, George A., M.D., Greenville.  
1885. Walker, P. F., M.D., 282 Cranston Street, Providence.  
1888. Whitmarsh, Henry A., M.D., Providence.

*South Carolina.*

1869. Gause, Owen B., M.D., Aiken.

*South Dakota.*

1867. Bell, James S., M.D., Canton.  
1888. Fowler, De Witt C., M.D., Aberdeen.

*Tennessee.*

1888. Boyd, Philander S., M.D., 610 Monroe Street, Nashville.  
1885. Buddeke, Ivo W., M.D., Memphis.  
1887. Dake, Frank B., M.D., Nashville.  
1852. DAKE, JABEZ, M.D., 218 N. Vine Street, Nashville.

1877. Dake, Walter M., M.D., 218 N. Vine Street, Nashville.  
1872. Dake, Walter C., M.D., 218 N. Vine Street, Nashville.  
1874. Plimpton, Clara C., M.D., Nashville.  
1876. Price, Emmor H., M.D., Chattanooga.  
1891. Tydeman, Dr. W. W., Knoxville.

*Texas.*

1884. Fisher, Charles E., M.D., San Antonio.  
1891. Fisher, H. F., M.D., 514 Houston Street, Fort Worth.  
1889. Clifford, George G., M.D., San Antonio.  
1886. Jones, Joseph, M.D., San Antonio.  
1876. Mercer, William M., M.D., Galveston.  
1873. Warren, H. Anna, M.D., Dennison.

*Utah.*

1890. Crandall, Caspar L., M.D., 48 Culmer Block, Salt Lake City.  
1885. Crippen, H. H., M.D., Salt Lake City.

*Vermont.*

1886. Gale, Charles A., M.D., Rutland.  
1888. Minard, Will. Frank, M.D., Waterbury.  
1886. Packer, Henry E., M.D., Barre.  
1887. Smith, Melvin D., M.D., Middlebury.  
1859. SPARHAWK, GEORGE E. E., M.D., Burlington.  
1882. Wyman, Edmond L., M.D., Manchester Centre.

*Virginia.*

1859. HOBSON, JOSEPH V., M.D., Lynchburg.  
1881. Webster, Frank P., M.D., 39 Charlotte Street, Norfolk.  
1891. Young, Charles B., M.D., Lynchburg.

*Washington.*

1870. Bagley, H. B., M.D., Seattle.  
1889. Hill, Frank R., M.D., Tacoma.  
1889. Southworth, Frederick William, M.D., Tacoma.

*West Virginia.*

1891. Day, Leonidas A. L., M.D., Martinsburg.  
1884. Morris, John W., M.D., Wheeling.

1889. Muhleman, Charles L., M.D., Parkersburg.

1846. RHEES, MORGAN J., M.D., Wheeling.

*Wisconsin.*

1891. Churchill, Ann Ervilla, M.D., Monroe.

1839. Ashley, Thomas W., M.D., River Falls.

1890. Beach, Joseph B., M.D., Neenah.

1870. Beebe, F. W., M.D., 173 Wisconsin Street, Milwaukee.

1890. Brown, Dagmar M., M.D., Waupaca.

1890. Burroughs, Frank S., M.D., Menasha.

1889. Carlson, Oscar W., M.D., 425 Milwaukee Street, Milwaukee.

1890. Cole, Beder A., M.D., Weet Lima.

1890. Cross, Hiram E., M.D., Baraboo.

1890. Dale, Harvey, M.D., Oshkosh.

1890. Daniels, James S., M.D.; Omro.

1889. Glasier, Willis H., M.D., Bloomington.

1890. Gillespie, Thomas, M.D., Kenosha.

1889. Goff, Warren W., M.D., Stevens Point.

1889. Gorton, Fred. T., M.D., Portage.

1889. Hassell, Samuel E., M.D., Lancaster.

1880. Heath, James De Witt, M.D., Merrill.

1890. Johnson, Solomon D., M.D., Fox Lake.

1890. Kaetel, Charles H., M.D., Mayville.

1876. Kanouse, Abijah J., M.D., Appleton.

1890. Kanouse, Edward M., M.D., Wausau.

1890. Leland, A. G., M.D., Whitewater.

1880. Lewis, Joseph, Jr., M.D., 330 Hanover Street, Milwaukee.

1890. McKay, Augustus F., M.D., West Superior.

1889. Noble, James H., M.D., Eau Claire.

1890. Olmstead, Austin Frederick, M.D., Green Bay.

1890. Paine, Richard K., M.D., Manitowoc.

1890. Parker, Edward H., M.D., Eau Claire.

1870. Pennoyer, N. A., M.D., Kenosha.

1890. Perkins, Ernest D., M.D., Ashland.

1883. Reynolds, Belle S., M.D., Kenosha.

1890. Russel, Henry A., M.D., West Superior.

1875. Sherman, Lewis, M.D., 171 Wisconsin Street, Milwaukee.

1890. Stiles, Fred P., M.D., Sparta.

1890. Storke, Burt F., M.D., Milwaukee.

1880. Storke, Eugene F., M.D., 182 Grand Avenue, Milwaukee.  
 1890. Sutherland, Quincy O., M.D., Janesville.  
 1890. Suttle, Henry J., M.D., Viroqua.  
 1890. Treat, Charles R., Jr., M.D., Sharon.  
 1890. Washington, Lucy, M.D., Baraboo.  
 1890. Webb, William B., M.D., Beaver Dam.  
 1890. Webster, John P., M.D., Delaven.

*Unknown.*

1878. Becker, Fred W., M.D.  
 1889. Boyer, Walter M., M.D.  
 \*1859. WILD, EDWARD A., M.D.

## RECAPITULATION.

Senior Members, . . . . .	107
Alphabetical List (including Senior Members), . . . . .	1238

## MEMBERSHIP BY STATES.

Alabama, . . . . .	1	Montana, . . . . .	2
Arkansas, . . . . .	5	Nebraska, . . . . .	10
Australia, . . . . .	1	New Hampshire, . . . . .	7
California, . . . . .	36	New Jersey, . . . . .	57
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There is a growing awareness that the needs of children are not being met in many parts of the world. The United Nations Children's Fund (UNICEF) has estimated that 100 million children are malnourished, 100 million are illiterate, and 100 million are in need of basic health care (UNICEF 1994).

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